

**TOWN OF DOVER
RECREATION DEPARTMENT**

37 NORTH SUSSEX STREET
DOVER, NEW JERSEY 07801
Telephone: (973) 366-2200 x1168 Fax: (973) 343-0188



Lisa Newkirk, Recreation Leader

Carolyn Blackman, Mayor

VOULUNTEER APPLICATION

I, _____, hereby apply to perform public/volunteer services for community/recreation activities, events and programs.

I agree to abide by all the rules and regulations set forth by the Department of Economic Development, Community Affairs and Recreation. I hereby release and hold harmless the Town of Dover from any and all claims but myself or my family or assignees which may arise from performance of the duties for which I am volunteering and while traveling to and from said duties.

By signing this application, I understand that I will be representing the Town of Dover and therefore agree to act and conduct myself in a professional manner at all times. I also understand that by not doing so can disqualify me from participating in future events and programs.

PARENTS OPTIONS:

I have read and understand this application and I give my child permission to be a volunteer for the Town of Dover. I accept full responsibility for my child's participation in the program. Additionally, I give permission for the Town of Dover to seek emergency medical attention in the event I'm unable to give consent at the moment of the emergency for my child to receive the proper care.

Parent Signature or legal guardian (if the applicant is under 18 years old)

Name: _____

Age: _____ Gender: Female ___ Male _____

Address: _____

Phone Number: _____

Email: _____

_____ Date: ____ / ____ / ____

Applicant Signature

Please return completed application to: Town of Dover
Dept. Recreation
37 N. Sussex Street
Dover, NJ 07801