

**VOLUNTEER REGISTRATION FORM  
SPRINGFIELD-GREENE COUNTY PARK BOARD  
SPRINGFIELD, MISSOURI**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Employed by/Student with: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**Areas to Volunteer in: (choose as many as you like)**

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> outdoor recreation    | <input type="checkbox"/> special events        | <input type="checkbox"/> zoo          |
| <input type="checkbox"/> park maintenance      | <input type="checkbox"/> sporting events       | <input type="checkbox"/> golf         |
| <input type="checkbox"/> accessible programs   | <input type="checkbox"/> office activities     | <input type="checkbox"/> aquatics     |
| <input type="checkbox"/> senior programs       | <input type="checkbox"/> fundraising events    | <input type="checkbox"/> firefall     |
| <input type="checkbox"/> instructional classes | <input type="checkbox"/> world team tennis     | <input type="checkbox"/> tennis       |
| <input type="checkbox"/> community centers     | <input type="checkbox"/> pro tennis tournament | <input type="checkbox"/> adult sports |
| <input type="checkbox"/> practicum student     | <input type="checkbox"/> youth-at-risk         | <input type="checkbox"/> youth sports |

**PERSONAL HISTORY**

A. Have you been a volunteer before?    \_\_\_ yes    \_\_\_ no  
If yes, what agency? \_\_\_\_\_  
Agency address: \_\_\_\_\_  
Agency phone number: \_\_\_\_\_

B. Are you a member of any service organizations?    \_\_\_ yes    \_\_\_ no  
If yes, please list the organizations you have been involved  
with: \_\_\_\_\_  
\_\_\_\_\_

C. How many hours would you like to volunteer per week?  
\_\_\_\_\_

D. What days of the week are best for you?  
\_\_\_\_\_

E. What time of the day is best for you?  
\_\_\_\_\_

F. Please list references from your past work or volunteer experiences: (We will need two (2) reference letters on file before you would be able to start your volunteer experience.)

Name: \_\_\_\_\_ City/State: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_ City/State: \_\_\_\_\_  
Phone: \_\_\_\_\_

**FOR FURTHER INFORMATION, PLEASE CALL THE  
SPRINGFIELD-GREENE COUNTY PARK BOARD AT 864-1049**

Return this form to:  
Springfield-Greene County Park Board  
1923 N. Weller  
Springfield MO 65803