

Cascade Locks Park Association  
**VOLUNTEER APPLICATION**

*Please type or print clearly*

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

Name \_\_\_\_\_  
Last First

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Person:

\_\_\_\_\_  
Name day phone evening phone relationship

Birthday \_\_\_\_\_ Are you at least 18 years old? \_\_\_\_\_  
Month/Day Yes/No

If not please designate a family member or friend over 18 to be your volunteer partner.

\_\_\_\_\_  
Name day phone evening phone relationship

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Describe experience, skills, training or education relevant to volunteering for CLPA:

Describe highlights of previous work and volunteer experience, including dates:

Do you have any physical limitations or health conditions such as allergies, which might limit your ability to volunteer in certain areas? If yes, please explain:

Why are you interested in volunteering for Cascade Locks Park Association?

List your hobbies and interests:

Please see other side

How often can you volunteer?

Once/week \_\_\_\_\_ Twice/week \_\_\_\_\_ Once/Month \_\_\_\_\_ Twice/Month \_\_\_\_\_

Other (please explain) \_\_\_\_\_

How many hours per month can you volunteer? \_\_\_\_\_

Preferred Days \_\_\_\_\_ Preferred Hours \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Which volunteer activities interest you?**

(See descriptions on separate sheet or online)

- |   |   |
|---|---|
| <input type="checkbox"/> Mustill Store Greeter              | <input type="checkbox"/> Property Maintenance             |
| <input type="checkbox"/> Historian/Archive Assistance       | <input type="checkbox"/> Office Assistance                |
| <input type="checkbox"/> Education Programs/Park Tour Guide | <input type="checkbox"/> Newsletter Production/Assistance |
| <input type="checkbox"/> Canal and Park Cleanup             | <input type="checkbox"/> Website Development/Assistance   |
| <input type="checkbox"/> Archeology                         | <input type="checkbox"/> Special Events                   |
| <input type="checkbox"/> Garden Club                        | <input type="checkbox"/> Other                            |

Describe other skills and interests you would like to offer CLPA:

Are you currently employed? \_\_\_\_\_ May we contact your present employer for a reference? \_\_\_\_\_  
Yes/No Yes/No

Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Personal References: Please list 2 people not related to you

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

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

Are you willing to submit to a background check if required for certain volunteer jobs? \_\_\_\_\_  
Yes/No

All of the information contained in this Application is true to the best of my knowledge:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return to:	CLPA Volunteer Coordinator
	248 Ferndale Street
6/24/2005	Akron, OH 44304