

Village of Upper Brookville Volunteer Application

Personal Information:						
First Name:	Last Name:					
Street Address:						
City:	State:			Zip Code:		
Telephone Number:	Email Address:					
Date of Birth (if under 18 years of age): this question is asked so that all volunteers under the age of 18 are assigned tasks that are age appropriate.						
Emergency Information In the event of an emergency, please contact:						
First Name:	Last Name:			Relationship:		
Work Telephone:	Home Telephone:			Cellular Telephone:		
Email Address:						
Street Address:						
City:	State:			Zip Code:		
Previous Volunteer Experience:						
Organization's Name:						
Street Address:						
City:	State:		Zip Code:			
Direct Supervisor's Name:						
Duties:						
Organization's Name:						
Street Address:						
City:	State: Zip Code:					
Direct Supervisor's Name:						
Duties:						
Hobbies, interests, skills:						
Special Training/Certifications:						
Who or what prompted you to apply to become an Upper Brookville volunteer? In which areas do you think you could be helpful?						

References:		
First Name:	Last Name:	Relationship:
How long have you known this individual?		
Street Address:		
City:	State:	Zip Code:
Telephone Number:	Email Address:	
First Name:	Last Name:	Relationship:
How long have you known this individual?		
Street Address:		
City:	State:	Zip Code:
Telephone Number:	Email Address:	
Criminal History:	-	1
Do you have any criminal convictions (other	than parking violations and/or juvenile	offenses)?
If "Yes", please explain where, when, and di	sposition.	
Waiver of Liability:		
	e for my assigned work duties. I also u	at any duties that I perform are as a volunteer. I agree to abide by the procedure understand that it is my responsibility to update any address, emergency or other
By my signature, I authorize the Village of U	Jpper Brookville to conduct any backgr	round check as deemed necessary.
In case of MEDICAL EMERGENCY, I au	thorize the Village of Upper Brookville	personnel to take such emergency action as may be deemed necessary.
Please read this form carefully and be awa legal liability and waiving and releasing of participating in any and all activities co	all claims for injuries, damages,	in any program/course/activity, you will be expressly assuming the risk and or loss which you or your minor child/ward might sustain as a resul s program/course/activity.
full risk of any injuries, damages, or losses, reg that all programs/courses/activity shall be at r or which may accrue to me and/or my minor/ Upper Brookville from any and all claims for arising out of, connected with, or in any way a:	gardless of severity that I, or my minor clay or my minor child/ward's sole risk. I ward as a result of participation in this prinjuries, damages, or loss that I or my mesociated with this program/course/active ease of all claims. I do hereby fully release	th participating in this program/course/activity, and I voluntarily agree to assume the hild/ward may sustain as a result of such participation. I fully understand and agree further agree to waive and relinquish all claims I, or my minor child/ward may have rogram/course/activity. I do hereby fully release and forever discharge the Village of hinor child/ward may have or which may occur to me or my minor child/ward and ity. I have read and fully understand the important information listed above, warning see the Village of Upper Brookville to take photos or video imaging of the activity(see the village of the activity).
Volunteer Signature:		Date:

Please mail or email the completed application to:

Parent/Guardian (if under age 18):

Village of Upper Brookville 24 Wolver Hollow Road Glen Head, NY 11545

villageclerk@upperbrookville.org