



Winooski Department of Recreation and Community Wellness
32 Malletts Bay Ave · 655-1392 x 21 · nina.ridhibhinyo@gmail.com

VOLUNTEER INFORMATION:

Name _____ Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

REFERENCES (employers, group coordinators, etc—no family members please):

Name	Relationship	Phone	Email
1.			
2.			

Describe any experience you have working with children (note if you are a participant's parent):

WAIVER:

I give my permission to use photos taken of me for promotional purposes.

I am fully aware of the risk inherent and hereby give my consent to participate in the program indicated. I agree to hold harmless the City of Winooski and its employees, elected officials or any paid or volunteer staff from any and all liability from any injury, claims, costs, or loss of service which might be incurred in said programs, activities, or events. I understand that medical insurance coverage is not provided. Permission is hereby granted that I may receive emergency treatment, if needed, and I authorize the attending physician to administer any necessary medical attention. Furthermore, I certify that I have no limitations except as stated above. I have read this document carefully and sign it voluntarily with full knowledge of its significance.

Signature _____ Date _____

VOLUNTEER OPPORTUNITIES (please check all that apply):

- I would like to volunteer as a reading mentor (Every Thursday 12:00-1:00pm).
- I would like to help organize THRIVE's weekly Family BBQs (Tuesdays 5:00-6:30pm).
- I am knowledgeable about and would like to teach a workshop in _____.
e.g. Bollywood dancing, cooking samosas, making wool hats, miming etc.

Please submit this form to the Department of Recreation and Community Wellness offices located in the O'Brien Community Center at 32 Malletts Bay Ave, Winooski, VT 05404. Following its receipt, we will contact you to discuss scheduling, volunteer responsibilities, and program details.