

# Hot Springs Parks and Recreation Volunteer Application

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ORGANIZATION/GROUP (if applicable):  
\_\_\_\_\_

SKILLS (For example: computers, trimming, gardening, painting, officiating)  
\_\_\_\_\_  
\_\_\_\_\_

EXPERIENCE (For example: teacher, camp counselor, event staff, greenhouse/landscape staff)  
\_\_\_\_\_  
\_\_\_\_\_

Do you have previous related volunteer experience? YES \_\_\_ NO \_\_\_

If yes, what type of setting? (For example: library, school, YMCA, church, civic group)  
\_\_\_\_\_  
\_\_\_\_\_

HOBBIES/INTERESTS:  
\_\_\_\_\_  
\_\_\_\_\_

**Area of service preferred:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Parks/General     | <input type="checkbox"/> Parks/Greenhouse | <input type="checkbox"/> Office         |
| <input type="checkbox"/> Trail Maintenance | <input type="checkbox"/> Trail Watch      | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Recreation/Youth  | <input type="checkbox"/> Recreation/Adult |   |

**Emergency Contact:**

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_ PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

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**AVAILABILITY:**

Mornings                       Afternoons                       Weekends  
 Weekly                               Monthly                               Special Events  
 Other                              Preferred Days: S M T W TH F S

**Briefly explain why you are interested in volunteering with Hot Springs Parks and Recreation:**

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**Questions or Comments about the Volunteer Program:**

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*Please return to Hot Springs Parks and Recreation located at 111 Opera St. Hot Springs, AR 71901  
Email: [tgaulke@cityhs.net](mailto:tgaulke@cityhs.net) Fax: (501) 321-6813*

*Some volunteer positions require more information or screening, such as a background check, prior to volunteering*

