



Volunteer Applicant Information

Thank you for your interest in volunteering with Mansfield Parks & Recreation. Please return the completed form to ParksandRec@mansfieldct.org. You will be contacted within two weeks. All applications are reviewed to match possible department needs to the interests and aptitudes of the volunteer. Email: ParksandRec@mansfieldct.org, Phone: 860-429-3015, Fax: 860-429-9773, Address: 10 South Eagleville Road, Mansfield/Storrs, CT 06268.

First and Last Name: _____

Local Address: _____

Best phone number and email to contact you: _____

Primary reason(s) for your interest in volunteering with Mansfield Parks & Recreation (general interest in supporting the community, school requirement, court ordered community service, special interest, other).

Do you prefer (check all that may apply)

- | | | |
|-----------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Weekdays | <input type="checkbox"/> Mornings | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Weekends | <input type="checkbox"/> Afternoons | <input type="checkbox"/> As needed |

Area of Interest (check all that may apply)

- | | | |
|---|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Youth Programs | <input type="checkbox"/> Aquatics | <input type="checkbox"/> Parks |
| <input type="checkbox"/> Adult Programs | <input type="checkbox"/> Fitness | <input type="checkbox"/> General |

Can you keep to a "fairly regular" volunteer schedule

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

What length of time do you estimate you could commit (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> One time special event | <input type="checkbox"/> More than once per week | <input type="checkbox"/> Over 4 weeks in total |
| <input type="checkbox"/> Once per week | <input type="checkbox"/> Less than 4 weeks in total | |

Staff entry only:

Date received: _____

Reviewed by and date: _____

Final assessment/plan of action: _____