

Suffield by the River

7 Canal Road
Suffield, Connecticut 06078
860.668.6672
www.suffieldbytheriver.com

VOLUNTEER APPLICATION

Thank you for your interest in enhancing the lives of our residents and our community. Kindly complete our volunteer application below. Hopefully we will have the pleasure of our lives crossing.

CONTACT INFORMATION

Name: _____

Street: _____

City/State/Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

AVAILABILITY

Which days and times are you available to volunteer?

Day(s) of the Week: _____

Time of the Week: _____

SPECIAL SKILLS OR INTERESTS

Summarize special skills or interests you have from employment, life experience, or previous volunteer work.

VOLUNTEER HOURS

Is this for a course or required community service? ____ Number of hours required: ____

Please explain: _____

HOW DID YOU FIND OUT ABOUT SUFFIELD BY THE RIVER?

EMERGENCY CONTACT INFORMATION

Name: _____

Street: _____

City/State/Zip Code: _____

Phone: _____

AGREEMENT AND SIGNATURE

I affirm that the facts set forth in are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. **A 24-hour notice is appreciated in case of inability to continue/complete any scheduled volunteer hours.**

Name: _____

Signature: _____

Date: _____

Please return completed application to:

Donna Skwira, Recreation Director-River's Watch

7 Canal Road, Suffield, Connecticut 06078

860.804.4672

dskwira@suffieldbytheriver.com