



Aquatic Center Volunteer Application

Last Name _____ First _____ MI _____
Mailing Address _____
City _____ State _____ Zip _____
Phone _____ Email _____
Employer _____ Title _____

Volunteer Shift Availability: Select the day of the week and time of day you would be available to volunteer.

Mornings: Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Afternoons: Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Evenings: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Are you interested/available in supporting Christiansburg Aquatic Center Special Events? Yes No

If yes, when? Mornings Afternoons Evenings Weekends

Are you interested/available in assisting with special projects such as mailings or office work? Yes No

If yes, when? Mornings Afternoons Evenings Weekends

References

Last Name _____ First _____ MI _____
Relationship _____ Phone _____ Email _____
Address _____
City _____ State _____ Zip _____

Last Name _____ First _____ MI _____
Relationship _____ Phone _____ Email _____
Address _____
City _____ State _____ Zip _____

Emergency Contact

Last Name _____ First _____ MI _____
Relationship _____ Phone _____ Email _____

I certify that all the information in this application is true and complete. I understand that any false information or omission may disqualify me from any further and may result in my dismissal, if discovered, at a later date. I authorize photos and other materials which may bear likeness to be used for promotions and marketing.

I understand that the Christiansburg Aquatic Center requires information from me to evaluate my qualifications for volunteer services. I authorize and release references, employers (past and present), and any other applicable entities to answer questions in regards to volunteer work, employment, ability, character, medical/ emotional background, and driving history.

I understand, in consideration of my application, that a background investigation will be conducted. I understand that this investigation may include, but is not limited to, a background check in the files of any Federal, state or local justice agency, driving history, performance of medical examinations, drug screening or reference verification. I authorize the Christiansburg Aquatic Center in accordance with the Town of Christiansburg to conduct the background investigation and release the C.A.C. from responsibility of this investigation. I understand that the requested information is for the sole purpose of the Christiansburg Aquatic Center to gather accurate information for volunteer services.

I have read and understand the above and by my signature consent to these statements.

Signature _____ Date _____ / _____ / _____