



**TOWN OF BETHLEHEM**  
*Albany County - New York*  
**PARKS & RECREATION DEPARTMENT**  
 ELM AVENUE PARK  
 261 ELM AVENUE  
 DELMAR, NEW YORK 12054  
 (518) 439-4955 Option 7  
 Fax: (518) 439-2144  
 Email: parks@townofbethlehem.org



**GENERAL VOLUNTEER APPLICATION**

Thank you for your interest in volunteering. Please complete all information and allow at least 2 weeks for our review.  
 Please note, this is NOT the Summer Volunteer application.

**Mission:** To serve and connect the community by providing a variety of quality recreational opportunities, parks and services.

**Vision:** To enrich the lives of the current and future generations by adapting to the changing leisure needs of our community and enhancing the park experience.

*\*Please print clearly!\**

**NAME** \_\_\_\_\_ **DOB** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY, STATE, ZIP** \_\_\_\_\_

**PHONE #** ( \_\_\_\_\_ ) \_\_\_\_\_ **E-MAIL ADDRESS** \_\_\_\_\_  
(include area code)

**VOLUNTEER INTEREST** \_\_\_\_\_

**EXPERIENCE AND/OR CERTIFICATIONS** (please attach any certifications and/or resume)

---



---



---



---



---

**REFERENCES**-Please list two references (not family)

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>E-MAIL</u>	<u>PHONE</u>
_____	_____	_____	_____
_____	_____	_____	_____

**As an applicant you agree to and understand the following:**

1. All of the information on this application is true to the best of my knowledge.
2. The Town will conduct investigations including a background check and verification of references. By signing this application you authorize the Town to make these investigations, and you indicate awareness that false statements or failures to disclose information may be sufficient to disqualify you for volunteer work.

**APPLICANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Return to: Town of Bethlehem Parks and Recreation Department, 261 Elm Avenue, Delmar, NY 12054**

**FOR OFFICE USE ONLY**

DATE APPLICATION RECEIVED: \_\_\_\_\_

REFERENCE CHECK COMPLETE: \_\_\_\_\_