



## Town of Beekman Recreation & Parks

29 Recreation Center Road  
Hopewell Junction, NY 12355  
845-227-5783 845-227-9685F

[recdirector@townofbeekmanny.us](mailto:recdirector@townofbeekmanny.us) [www.beekmanrec.com](http://www.beekmanrec.com)



### 8<sup>th</sup> Grader Volunteer Service Opportunity

In recognition of the value of leadership experiences for youth, and in preparation for greater leadership opportunities when in High School, as a member of the Beekman Rec Teen Leadership Council, the Recreation Department is now offering service opportunities for 8<sup>th</sup> graders at select Rec events. This is a selective program with limited slots. All interested 8<sup>th</sup> graders are invited to apply and be available for an interview if contacted.

The first opportunity is at Fall Festival. 8<sup>th</sup> graders accepted into this program must be available to volunteer in the outdoors on Sat. Oct. 19<sup>th</sup> from 11am to 5pm. They must be prepared to dress for the weather and interact with the public.

### Process

All interested 8<sup>th</sup> graders should:

1. Complete the application
2. List an email they will check each day as all correspondence will be by email
3. Be available for an interview on Tues. Oct. 15<sup>th</sup> at 3:30 pm at the Rec Office

### Application

Applicant Last Name \_\_\_\_\_ Applicant First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Applicant Street Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ School if currently a student \_\_\_\_\_ Grade \_\_\_\_\_

Applicant Cell Phone Number \_\_\_\_\_ Applicant Phone Provider \_\_\_\_\_ Applicant email \_\_\_\_\_

Describe why you are applying for this opportunity: \_\_\_\_\_

Please describe any interests or skills that you would like to share with Rec members: \_\_\_\_\_

Describe any volunteer experiences you have had if any: \_\_\_\_\_

Please describe something that you've done in your life that you are especially proud of: \_\_\_\_\_

List any Rec programs or events you have attended: \_\_\_\_\_

If you have attended a Rec programs or events, what was your favorite and why: \_\_\_\_\_

## Parent/Guardian Section

Applicant allergies & health problems and concerns

Parent/Guardian #1 Last Name    Parent/Guardian #1 First Name    Parent/Guardian #1 date of birth    Parent/Guardian #1 email address

Parent/Guardian #1 Home Phone    Work Phone    Cell Phone

Parent/Guardian #2 Last Name    Parent/Guardian #2 First Name    Parent/Guardian #2 date of birth    Parent/Guardian #2 email address

Parent/Guardian #2 Home Phone    Work Phone    Cell Phone

**Please list at least TWO other contacts who live & work in the area that can pick up your child at the end of programs or in the event of emergencies, medical &/or behavior issues**

#1 Last Name    #1 First Name    Address

#1 Home Phone    Work Phone    Cell Phone

#2 Last Name    #2 First Name    Address

#2 Home Phone    Work Phone    Cell Phone

## Applicant Agreement

If I am accepted for this opportunity:

- I will be available from 11am to 5:30 pm on Sat. Oct. 19<sup>th</sup>
- I realize I will be outside and I will dress for the weather
- I will cheerfully help with set up and clean up
- I will follow instructions given to me by the staff
- I will be polite to the visitors

Applicant Signature

Date

## Parent/Guardian Agreement

I understand there are risks of physical injury in participating in sports and recreational activities or programs. I give permission for my child/ward to participate in programs sponsored by the Town of Beekman Department of Recreation & Parks. I release the Town of Beekman, its officers and its Directors from any liability from any injury or loss suffered during this program. I further state that said person is in good health and medical condition unless otherwise indicated. I agree that any letters, projects, photos and videos made during the program are the property of the Town of Beekman and as such can be used for display purposes and promotional materials. I hereby consent to emergency medical procedures deemed advisable for my child in the event I cannot be reached and my child has sustained an injury. The Town of Beekman Department of Recreation & Parks does not provide accident or hospitalization insurance for participants of its programs. All participants are advised to have adequate personal coverage. I have considered participant's own health, experience, and tolerance for risk before registering for this program. I support all the responsibilities in the "Applicant Agreement above

Parent/Guardian Signature

Date

