City of La Crosse PARKS & RECREATION DEPARTMENT Employment / Volunteer Application 400 La Crosse Street, 1st Floor City Hall, La Crosse, WI 54601

Name:							Cell Number:					
Present Address:						Phone Number:						
City:			Stat	te:Zip:	_ Driver's License #							
E-Mail Address:												
Position(s) you	are applying:_											
				EDUC	ATION	1						
	Name of School		l Locatio		n Graduation Date		Course or Degree					
High School												
College or University												
Other												
*Related to posi	tion desired			EXPER	IENCE				*List most recent first			
Dates From/To		Name of Employer & Location			Title/Duties				Supervisor			
				Crosse Park & F					t qualities would make			
						 						
				REFEI	RENCE	ES			(Do not include relatives)			
Name				Addre	ss	s		#	Title/Relationship			

PROGRAM EXPERIENCE

- *Check the activities in which you have participated in the first column.
- *Check the activities in which you have had special training in the second column.
- *Check the activities in which you are prepared to teach or in which you can coach groups in the third column.

<u>ACTIVITY</u>	<u>PARTICIPATEI</u>	<u>TRAINED</u>	COACHED	<u>ACTI</u>	<u>VITY</u>	PARTICI	<u>PATED</u>	TRAINED	COACHED	
Arts & Crafts				Life S	aving					
Drawing				First A	∖id					
Painting(water color)		Swimming								
Nature Activities				Hockey						
Camping/Hiking				Socce	er					
Baseball				Tennis						
Softball				Track & F						
Basketball				Volleyball						
Flag Football				Wrestling						
Gymnastics				Aerob	ics					
Tumbling				Senio	r Fitness					
Golf				Water	Aerobics					
Low Organized Gam	nes			Broomball						
	HOU	RS AVAI	LABLE	TO I	WOR	K (Exact I	Hours)			
Monday	Tuesday	Wednesday	Thurso	lay	ıy Friday		Saturo	day	Sunday	
Do you have tran	nsportation to and f	rom off site pr	ograms?	Ye	s	No				
	В	ACKGR	OUND I	NFC	DRMA	TION				
 Have you evviolence or the Any false standard on y The informat 	er been convicted of er been charged water of violence? Interest knowingly our behalf will be considered in the provided and/or drivers' licens Inployee.	ith neglect, ab made in this cause for elimi I may be verifi	ouse, assault, application or nating you fro ied, and I give	Ye any m om con e perm	I assault, s hisstatem sideratio ission to	No ents, dece n for city en the City of	 ption, fra mployme La Cross	aud or omisent. se to condu	sions of uct a check	
l affirm that I ha	ve read the above	and that the	information	I have	given is	s true and	comple	te.		
Signed							_ Date_			
	FOR	SPEC R	EC PRO	GR	AM U	SE ON	NLY			
Date of Voluntee	r Orientation:) Video:	PI	3 Train:	Co	Coordinators Initials:				

Sent to Program Office: _____ Date Verified: _____ Volunteer ID #_____

Restrictions Y N