



VOLUNTEER APPLICATION

All applicants are also required to fill out a Background Check and submitted with this application

Program Volunteering for: _____

Applicant: _____

Age: _____ Date of Birth: _____ Sex: _____

Mailing Address: _____ City: _____ ST: _____ Zip: _____

Physical Address: _____ City: _____ ST: _____ Zip: _____

Email Address: _____

Phone #: _____ Alternate Phone: _____

Hobbies: _____

Sports Participation: _____

Work Experience: _____

Contact in case of Emergency: _____

Relationship: _____ Phone: _____

Why do you want to Volunteer for this Program?: _____

Comments/Questions: _____

Augusta Recreation and Parks Department
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