



CITY OF MELROSE RECREATION DEPARTMENT

Frank Olivieri, CPRP
Melrose Recreation Department
Recreation Director

Melrose Recreation Department
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Telephone - (781) 662-9511
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VOLUNTEER APPLICATION

An equal opportunity employer

NAME: _____

PHONE: _____ CELL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

SCHOOL ATTENDINGS: _____ GRADE: _____
(If applicable)

In case of emergency notify: _____ Phone: _____

What programs, activities, and/or events are you interested in volunteering for?

What particular skills do you have that you can be shared with our programs, activities, and events?

Please list your availability to volunteer?

SIGNATURE: _____ DATE: _____

GUARDIAN SIGNATURE: _____ DATE: _____
(If under 18 years of age)