



City of Excelsior Springs Parks and Recreation Department
Community Service Volunteer Application

Volunteer Information:

Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

Purpose of Community Services Hours:

_____ Court Ordered _____ School Related _____ Organization _____ Other

Total Number of Community Service hours needed: _____

Number of Hours still needed to complete: _____ By Date: _____

Offense: _____ Case Number: _____

Experience/Skills/Etc.

Please describe your education, employment, and volunteer experiences that you feel may contribute to the City of Excelsior Springs Parks and Recreation Department volunteer position:

Special skills/hobbies/etc: _____

List any physical or health restrictions that might impact your work as a volunteer:

I am able to begin on ___/___/___ and will be available on the following days and times:

I understand that as a volunteer that I am representing the City of Excelsior Springs Parks and Recreation Department and will adhere to program guidelines.

Applicant's Signature _____ Date _____

Parent's Signature (if volunteer is under 17) _____ Date _____

Please complete and bring this form, your Court Documents and any other needed documentation to the Parks and Recreation Department at 112 South Thompson Avenue, Excelsior Springs MO. Contact Parks and Recreation at 816-630-1040, 816-630-9550 (fax), or knoyd@ci.excelsior-springs.mo.us.