



## MT. CARMEL PARK EXECUTIVE COMMITTEE

### APPLICATION

NAME: \_\_\_\_\_ TELEPHONE: (C) \_\_\_\_\_

(H) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

1. Do you have a child participating in any events sponsored by Mt. Carmel Recreation? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Why do you want to be a member of PEC?
3. What are your area(s) of interest? (Check all that apply)  
 Fund Raising     Park Improvements     Gym Manager  
 Baseball/Softball Director     PEC Officer     Scheduling  
 Basketball Director     Volleyball Director     Concessions  
 Photography     Web Maintenance     Park Maintenance
4. How many hours per week would you be able to volunteer?
5. Do you have a current CPR and/or First Aid certification? Yes \_\_\_\_\_ No \_\_\_\_\_



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6. Please provide at least three references: (References cannot be relatives or former employers)

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

By signing this application I understand that Mt. Carmel Recreation reserves the right to contact all references listed and require me to submit to a background check. I attest that all information provided is true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Office Use Only

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Background Check Complete

Reference Checks Complete

CPR/First Aid Certification Yes \_\_\_\_\_ No \_\_\_\_\_