



**CICERO YOUTH BUREAU, PARKS & RECREATION  
PARKS & RECREATION COMMISSION**

**Volunteer Application Form**

Thank you for your interest in joining the Parks and Recreation Commission for the Cicero Youth Bureau, Parks & Recreation. Please complete the following and return it to: Teresa Roth, Director at [troth@cicerony.gov](mailto:troth@cicerony.gov) or mail c/o Cicero Youth Bureau, Parks & Recreation to 8236 Brewerton Rd, Cicero, NY 13039. For more info, please call 315-699-5233 or visit [cicero.recdesk.com](http://cicero.recdesk.com).

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

\*Please specify the preferred email, phone and mailing address (personal and/or work) for Youth Bureau, Parks & Recreation to use for Commission related correspondence. This is how announcements, meeting minutes, etc. will be sent to you.

**HOME CONTACT INFORMATION**

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Personal Email \_\_\_\_\_

Home Address \_\_\_\_\_

Mailing Address if different than Home Address \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_

Your Title \_\_\_\_\_

Work Phone \_\_\_\_\_

Duties \_\_\_\_\_

Years Employed \_\_\_\_\_

**VOLUNTEER ACTIVITIES, CLUBS, AND/OR OTHER BOARD/ORGANIZATIONS/AFFILIATIONS**

Name of Volunteer Organizations	Position

**Please list any other experiences, skills, or abilities you feel would be an asset to your role on the Commissioner board.**

**Remarks: Please list your reasons for applying, and any intended goals you might have for the Parks & Recreation department.**

**Applicant Agreement:** I understand that the Parks & Recreation Commission offers valuable volunteer experience. I understand that there are limited slots available and members are appointed by the Town Board. I will be able to provide a consistent time commitment to Commission related meetings and events. Typically, we hold 4 meetings per calendar year.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_