

City of Saratoga Springs Recreation Department
15 Vanderbilt Avenue
Saratoga Springs, New York 12866-4914

Contact Number: (518) 587-3550 ext. 2300
E-mail: RecReservations@saratoga-springs.org

The City of Saratoga Springs Recreation programs offer volunteer opportunities for interested participants to assist in coaching of various sports such as soccer, lacrosse, and basketball, also, volunteer timekeepers, volunteer refereeing, etc. Potential volunteer clerical opportunities may be available. All volunteers must go through a background check.

Soccer Referees and Coaching

Spring Soccer program runs April through June with games in May and June. The program runs throughout the week. Weeknight games generally begin at 5:00 p.m. or 5:30pm. Weekend games generally run between 9am-1pm. Participants are Age 3 through grade 12.

Fall Soccer program runs September through 1st weekend in November with games in September, October and the 1st weekend in November. The program runs throughout the week. Weeknight games generally begin at 5:00 p.m. or 5:30pm. Weekend games generally run between 9am-1pm. Participants are grades Pre-K through grade 12.

Lacrosse Coaches and Referees

Spring Lacrosse program runs April through June with games in May and June. The program runs throughout the week. Program runs on the weekdays and on the weekends. Participants are grades 2 through grade 12.

Sports Clinics Assistants

Volunteers help coordinators and instructors with one-week clinics and/or other programs throughout the Summer. The volunteer would need to be knowledgeable with the Sport that he/she would like to help in.

Basketball Coaches, Referees and Scorekeepers

Winter Basketball program runs October through March with games in December through March. Program runs on the weekdays and on the weekends. Participants are ages 7-12 or grades 2-9.

Saratoga Springs Recreation Center Volunteers

Opportunities include but are not limited to homework help, chaperone special events and/or nightly activities, & instructors of classes. The volunteer opportunities are endless and year round.

City of Saratoga Springs Volunteer Application

FULL LEGAL FIRST NAME

MIDDLE NAME

LAST NAME

PREVIOUS/CURRENT NAMES/NICKNAMES/ALIASES: _____

MAILING ADDRESS _____

ACTUAL ADDRESS (NO PO BOX) _____

CITY _____ STATE _____ ZIP _____

PHONE H _____ W _____ CELL _____

E-MAIL _____ FAX _____

CURRENT EMPLOYMENT & EMPLOYER _____

PROFESSION _____

Have you been convicted of a felony within the past five years? YES NO
If YES, please explain:

IF YOU ARE UNDER 21, PLEASE COMPLETE THE FOLLOWING:

PARENT/LEGAL GUARDIAN'S NAME(S): _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT #: _____

Please provide two personal or professional references:

Name	Phone Number	Relationship
------	--------------	--------------

1. _____

2. _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

Unless otherwise notified you will be assigned a team. If this application is not returned in a timely manner you will be billed for your child's Recreation fee.

I affirm under penalties of perjury that all statements made on this application are true. I understand that my NY State driver license is subject to investigation and verification and that a misstatement may disqualify me from volunteering.

It is the parties intention that the Individual will be volunteer and not the City's employee for all purposes, including but not limited to, the application of the Fair Labor Standards Act, minimum wage and overtime payments, Federal Insurance Contribution Act, the Social Security Act, the Federal Unemployment Tax Act, the provisions of the Internal Revenue Code, the New York State Revenue and Taxation Law, the New York State Workers' Compensation Law and the New York State Unemployment Insurance Law.

The Individual shall indemnify and hold the City harmless from all losses, injuries or damages, and wages or overtime compensation due to the Individual or his/her employees in rendering services pursuant to this Agreement, including payment of reasonable attorneys' fees and costs in the defense of any claim made under the Fair Labor Standards Act or any other federal or state law.

Signature Date

If you have a disability, what accommodations would you need to do this volunteer position?

Shirts are required for all coaches; please enter your shirt size _____

Sport:_____ Have you played this sport before?_____ # of years of Experience: _____

Child's Name Playing Sport: _____ Age:_____ Grade: _____

Child's Name Playing Sport: _____ Age:_____ Grade: _____

Child's Name Playing Sport: _____ Age:_____ Grade: _____

Any Special request (if you want to coach with someone else or request one other player to be on your team) _____

What position are you volunteering for? Coach _____ Grade _____ Age _____

Ass't Coach _____ Grade _____ Age _____

Recreation Center _____ Other(Specify) _____

Emergency contact name _____ Phone number _____

Approved civil service _____ Scheduled _____ Orientation date _____

Assigned Supervisor: _____ Assigned Department: _____