

Alabama Recreation and Parks Association Professional Recreator Certificate Application

I. IDENTIFICATION

Last Name:	First Name:		Middle Initial:		
Department:					
Mailing Address:					
Work Phone:	Cell Phone:				
II. MEMBERSHIP					
Are you a current member of Alabama Recreation and Parks Association?			No	Yes, Since Yr.	
Are you currently a member of National Recreation and Parks Association?			No	Yes, Since Yr.	
What certifications do your c	urrently hold?				
II. EDUCATION AND EXPERI	ENCE				
Do you have a Bachelor's Deg	gree in Recreation or a related	d field? If yes, please li	st de	gree and school	
Degree:	Institution:	Institution:		Year:	
Years of full-time experience	in Parks and Recreation:				
Places of Full Time Emplo	yment:	Dates Employed	d # Years		
V. DECLARATION					
I hereby declare that the info accurate to the best of my kr	rmation contained on the ap owledge and belief.	plication and any attac	chmei	nt hereto is	
Signature of applicant:	nature of applicant:		Date:		