

Winslow Parks and Recreation

Volunteer Application

114 Benton Ave, Winslow Maine 04901

Phone: 872-2776 Fax: 872-1999

Name: _____ Social Security #: _____

Address: _____ DOB: _____

Home Phone: _____ Cell: _____

Employer & Address: _____

Volunteer Interest #1: _____ Volunteer Interest #2: _____

Driver's License #: _____ State: _____ Exp: _____

US Citizen: _____

References: List Three

Name	Address	Phone	Official Position
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Education (HS/College)	No of Years	Degree
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Would you object to allowing the Town to conduct a background check? Yes _____ No _____

Do you have any training/certification in First Aid? Yes _____ No _____

Do you have any training/certification in CPR? Yes _____ No _____

Do you use illegal drugs? Yes _____ No _____

Have you ever been convicted of a criminal offense? Yes _____ No _____

If yes, please explain:

I certify that all information provided on this application is true and correct. I understand the information I have provided may be verified by contact with person or organizations named in this application with persons or organizations that possess information concerning me. I hereby agree to defend, indemnify and hold harmless the Town of Winslow, its agent, officers, employees' volunteers and others who provide information in a connection with this application from liability for any information provided in good faith regarding this application of the information contained in the application. I authorize the Town of Winslow to conduct a background check on me by a duly authorized person of the Town of Winslow.

Signature of Applicant

Date

For Official Use Only

Interviewed By: _____ Date: _____

Refused based on: _____ Date: _____

Criminal Check done on Date: _____ By: _____

Results: _____

Notes: _____