

+Harrison Parks and Recreation Department Volunteer Application

Location: 20 Front St. / Mailing: PO Box 300
Harrison, ME 04040
Phone: 583-2241/Fax: 583-6240
recreation@harrisonmaine.org

Name: _____ Middle Initial _____ Maiden Name: _____
Social Security # _____ - _____ - _____ Date of Birth _____
Mailing Address: _____ E-mail address _____ Driver's License# _____
Home Phone# _____ Work # _____ Cell # _____
Emergency Contact: _____ Phone# _____
Current Employer & Position: _____ Years Worked: _____
May we contact your employer: Y ___ N ___ Do you attend school/college? Y ___ N ___
School/College attending: _____ Course of Study or Degrees held: _____

Volunteer Position of Interest: _____
Have you volunteered here before: Y ___ N ___ If Yes, how many years? _____
Do you have First Aid Training? Y ___ N ___ CPR Training? Y ___ N ___
Certification #: _____
Please list any experience, skills or qualifications you have for the volunteer position applying
for: _____

References: (Please list three)

| | Name & Address | Phone # | Position |
|----|----------------|---------|----------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

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The facts set forth above in my application are true and complete. I understand that if I volunteer, false statements on this application shall be considered sufficient cause for dismissal.

I hereby request and authorize you to furnish the Harrison Parks & Recreation Department with any and all information they may request concerning my work record, criminal record, and general reputation. This authorization is specifically intended to include and all information of a confidential or privileged nature as well as photocopies of such documents if requested. The information will be used for the purpose of determining my eligibility to serve as a volunteer for the Harrison Parks & Recreation Department.

I hereby release you and your organization from any liability, which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as a volunteer. This release will expire 60 days after the date signed.

Signature: _____ Date: _____

For Director Use only

Background Check Completed: _____ Approved ___ Denied ___
Reasoning _____ Date: _____