TOWN OF WINDHAM Department of Parks & Recreation



VOLUNTEER APPLICATION

Personal Information

Last Name:	Firs	First Name: Middle Init		ddle Initial:
Mailing Address:			Town:	
State: Zip:	Phone: (l	h)	(c)	
E-mail address:				
What would you like to vo	lunteer for?			
Are you 18 years or are or	older? □Yes □No			
Education				
High School		City	State	Years Attended
College/University	Field of Stud	y City	State	Years Attended
Employment History (1				
		Position:		
		City: State: Phone Number: Employment Date		
	n? □Yes □No Reaso			
Company:		Position:		
Company Address:		City:	State:	Zip:
Supervisor:	Phone	e Number:	Employment D	ates:
May we contact this person Describe your job duties:	n? □Yes □No Reaso	on for leaving:		
Company:		Position:		
Company Address:		City:	State:	Zip:
Supervisor:	Phone	e Number:	Employment Dates:	
_	n? □Yes □No Reaso	_		
Describe your job duties: _				
	(Please use additional paper)	per for employment histor	y if needed.)	

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Other	HX	neriei	ነሮድ
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	nformation about yourself or other expe perience working with youth, certificate		
References (Please list at least	2 professional or personal references w	ho are not related by blood or	r marriage.)
Full Name 1	Relationship	Years Known	Phone #
2			
3			
Disclaimer & Signature			
limited to, selection, hiring, pr	ommitted to providing equal opportun omotion, transfer, and compensation to onal origin, sex, religion, handicap or c cal law.	to all qualified applicants ar	nd employees without
references listed in the application authorize the Town to conduct and other consumer reports the understand the Town complies	e with any current or former employed tion, or any other individuals I may background investigations to include co to the may contain pertinent information r with the Fair Credit Reporting Act (port(s) that I will be provided with a ghts under the FCRA.	name concerning my work riminal background checks, n elated to my candidacy for t "FCRA") and that should e	experience. I further notor vehicle reports, he position desired. I mployment be denied
	rves the right, to the extent permitted by either prior to beginning employment of		
	opy of the position description for the jo documents provided during the applica		
respects, and I agree that if the Town's judgment) that I will be discovered after I am hired.	ven by me on this application and during the information is found to be false, middle disqualified from consideration for TIL YOU HAVE READ AND UNDER	sleading, or unsatisfactory is employment or subject to in	n any respect (in the nmediate dismissal if
	pplicant Signature	1	Date

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AUTHORIZATION TO RELEASE INFORMATION

I hereby request and authorize you to furnish the Town of Windham with any and all information they may request concerning my work record, educational history, military record, financial status, criminal or driving record, general reputation, and past or present medical condition. This authorization is specifically intended to include any 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 provide contract services for the Town of Windham.

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 Town of Windham contractor. This release will expire sixty (60) days after the date signed.

Print Name:	
Signed:	-
Date:	_
In order to facilitate access to requested background inform	mation, please provide the following:
Social Security Number:	
Date of Birth:	
Driver's License Number:	