

# Skowhegan Parks & Recreation Department

## Volunteer Application

Location: 39 Poulin Dr / Mailing: 225 Water St

Skowhegan, ME 04976

Phone: 474-6901/Fax: 474-6913

[skowrec@skowhegan.org](mailto:skowrec@skowhegan.org)

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Driver's License# \_\_\_\_\_

Home Phone# \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone# \_\_\_\_\_

Email Address: \_\_\_\_\_

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, Last time volunteered? \_\_\_\_\_ How many total years? \_\_\_\_\_

Do you currently have the mandatory NYSCA (National Youth Sport Coaches Assoc.) training Y\_\_\_\_ N\_\_\_\_ Cert# \_\_\_\_\_

Do you have First Aid Training? Y\_\_\_\_ N\_\_\_\_ CPR Training? Y\_\_\_\_ N\_\_\_\_ Cert #: \_\_\_\_\_

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.	_____	_____	_____

**Mandatory Volunteer Procedure for all volunteers:**

1) Complete Application 2) Background Check 3) Abide by Dept. Policies & Procedures

**Additional Mandatory Requirement including #1-3 for all volunteer working with children:**

3) Fingerprinted 4) Sport Coaches only: NYSCA Certification (if not active) 5) NYSCA Code of Ethics 6) Coaches Meetings 7) Abide by Dept. Policy & Procedures in Coaching Manual

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 Skowhegan 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 Skowhegan Parks & Recreation Department/Skowhegan Community Center.

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**

Approved\_\_\_\_ Denied\_\_\_\_ Date\_\_\_\_\_ Director Signature: \_\_\_\_\_

Background Check Completed: \_\_\_\_\_ Date Fingerprinted: \_\_\_\_\_

NYSCA Date Certified: \_\_\_\_\_ Rec'd Coaches Manual/Code Of Ethics Signed \_\_\_\_\_

Revised 12-16-10