

Biddeford Recreation Department

Phone: 283-0841

Volunteer Application 189 Alfred St. Biddeford , Maine 04005

Fax: 286-0575

Name: _____ Email _____

Address: _____ Date of Birth _____

Home Phone: _____ Work Phone: _____ Fax: _____

Employer Address: _____

Volunteer Interest 1. _____ 2 _____

Driver's License # _____ State _____ Expiration _____ U.S. Citizen Yes _____ No _____

REFERENCES: LIST THREE

NAME	ADDRESS	PHONE

EDUCATION

High School / College	No. of Years	Degree

Are you currently an employee with the City of Biddeford? If so what department? _____

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 _____

Have you ever been charged with child neglect or abuse?

Yes _____ No _____

Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance and care of young people? Yes _____ No _____

If Yes, please explain: _____

I certify that all information provided on this application is true and correct. I understand that the information I have provided may be verified by contact with persons 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 City of Biddeford, its agents, officers, employees, volunteers and others who provide information in connection with this application from liability for any information provided in good faith regarding this application or the information contained in the application.

Signature of Applicant

Date



CITY OF BIDDEFORD

BACKGROUND CHECK CONSENT FORM

I authorize the City of Biddeford to conduct a full inquiry into all background information which it deems necessary to clear me for employment and/or program volunteer. This may include, but is not limited to, an investigation into my employment, driving and criminal history, as well as any other relevant personal and public records which the City of Biddeford believes is necessary. I specifically release and authorize employers, corporations, local, state and federal agencies and other persons to freely and completely respond to any inquiry made by or for the City of Biddeford. I also release such persons from any liability for responding to any inquiry by or for the City of Biddeford.

A copy of this document shall be as valid as the original.

[Please Print Below]

Last Name: _____ First Name: _____

Middle Name: _____ Maiden Name: _____

Date of Birth: _____ Driver's License #: _____ State: _____

Mailing Address: _____

City, State, Zip: _____

I affirm that all answers given to the City of Biddeford are true and complete.

Date

Signature

Date

Signature of applicant's parent, if
applicant is under 18