



**Falmouth Parks & Community Programs**  
**190 Middle Road**  
**Falmouth, ME 04105**  
**Ph: (207) 699-5302**  
**www.falmouthme.org**

## VOLUNTEER APPLICATION

Please print clearly in ink.

NAME: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

HOME: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

How did you hear about this opening? Advertisement Friend/Relative Walk-in Other

Have you ever been employed by the Town of Falmouth? Yes No

If yes, give the department and dates: \_\_\_\_\_ From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Give the name and relationship of any present Town Employee related to you: \_\_\_\_\_

Are you a student?: YES NO School Attending: \_\_\_\_\_

On what date would you be available to begin volunteering? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Where are you presently employed? \_\_\_\_\_

May we contact your present employer? YES NO

Program/Committee/Position you would like to volunteer for \_\_\_\_\_

State briefly why you are interested in volunteering: \_\_\_\_\_

Have you ever been convicted of a crime? If "yes", please explain

List any additional skills, certifications, or licenses you possess that you believe are relevant to this position (e.g., CPR, First Aid, E.M.T., etc.)

Do you have a valid driver's license? YES / NO State? \_\_\_\_\_ License Number: \_\_\_\_\_ Endorsement (e.g., CDL): \_\_\_\_\_

## Personal References

Please list three references not related to you that we may contact:

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>RELATIONSHIP</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**\*PLEASE READ CAREFULLY\***

### APPLICANT'S CERTIFICATION and AGREEMENT

I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. I understand that if selected, falsified statements on the application shall be sufficient cause for the Town of Falmouth to refuse to permit my continued service as a volunteer. Additionally, I understand that the information I have provided may be verified by a criminal background check, driver's license check, employer references and personal references, and hereby authorize the Town of Falmouth to conduct such background checks. I further agree to defend, indemnify and hold harmless, the Town of Falmouth, 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 this application.

### INFORMED CONSENT

I, the undersigned volunteer/parent/guardian, understand that: (1) Participation in volunteer projects may be hazardous at times and may result in injury to volunteers or others; (2) I certify that I have no physical or medical condition that, to my knowledge, would endanger others or me if I serve as a volunteer for the Town of Falmouth; (3) I agree that in consideration for permission to participate in Town of Falmouth volunteer activities, I assume all risks of injury incurred or suffered while participating in such activities; and (4) In the event the above listed applicant requires emergency medical treatment, I hereby give permission for treatment to be given by qualified medical personnel and also give permission to have the participant transported to and treated at a qualified Medical treatment facility.

### RELEASE / WAIVER OF LIABILITY

In consideration of being permitted to participate in Town of Falmouth volunteer activities, I hereby for myself, my heirs, executors and administrators, discharge and release the Town of Falmouth, its Town Council, Town Councilors, officers, agents, employees, representatives and assigns ("Releasees") from all rights and claims, including claims arising directly or indirectly from the Releasees' own negligence, which I have or which may hereafter accrue to me, and any and all damages that may be sustained by me or my minor child directly or indirectly in connection with, or arising out of, my / my minor child's participation as a volunteer for the Town of Falmouth.

As a matter of caution, the Town of Falmouth strongly recommends that you have accident and health insurance in force when taking part in volunteer activities. The information on this form and information gathered as part of the Town's screening process may be public record.

I acknowledge that I am 18 years of age or older and I have read and agree to the above certification and release / waiver of liability; or, I am the parent or legal guardian of the minor who is applying to serve as a volunteer. I have the legal capacity and authority to act for and on behalf of the minor, I have read the terms of the above release and waiver of liability, I consent to the minor participating as a volunteer, and I accept, for and on behalf of the minor, all of the terms of the foregoing release and waiver of liability.

\_\_\_\_\_  
*Signature of Applicant / Parent / Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
Printed name of parent or guardian of applicant under 18 years of age.