TOWN OF WINDHAM Department of Parks & Recreation



VOLUNTEER APPLICATION

Personal Information

Last Name:	First Name: _	First Name: Middle Initial:		ddle Initial:	
Mailing Address:			Town:		
State:Zip:	Phone: (h)		(c)		
E-mail address:					
What would you like to voluntee	er for?				
Are you 18 years or are or older	? □Yes □No				
Education					
High School		City	State	Years Attended	
College/University	Field of Study	City	State	Years Attended	
Employment History (Most a	recent first)	Position:			
	Phone Number:				
	Yes □No Reason for leav				
Describe your job duties:					
Company:	I	Position:			
Supervisor:	Phone Number:		Employment Da	ates:	
May we contact this person? \Box	Yes □No Reason for leav	ing:			
Describe your job duties:					
Company:		Position:			
Company Address:		City:	State:	Zip:	
Supervisor:	Phone Number:	Phone Number:		ates:	
May we contact this person? \square	Yes □No Reason for leav	ing:			
Describe your job duties:					
(P	lease use additional paper for em	ployment history	if needed.)		

TOWN OF WINDHAM Department of Parks & Recreation



VOLUNTEER APPLICATION

α		•	
Other	HX	nerier	ነሶሶ
Ouici			100

	nformation about yourself or other expense working with youth, certificate		
	t 2 professional or personal references w	•	_
Full Name	Relationship	Years Known	Phone #
2.			
3			
Disclaimer & Signature			
limited to, selection, hiring, p	committed to providing equal opportun romotion, transfer, and compensation to ional origin, sex, religion, handicap or o ocal law.	to all qualified applicants ar	nd employees without
references listed in the applic authorize the Town to conduct and other consumer reports the understand the Town complies.	re with any current or former employed ation, or any other individuals I may background investigations to include cat may contain pertinent information ray with the Fair Credit Reporting Act (export(s) that I will be provided with a bights 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
	erves the right, to the extent permitted by either prior to beginning employment or		
	copy of the position description for the jon documents provided during the application		
respects, and I agree that if t Town's judgment) that I will discovered after I am hired.	ven by me on this application and during the information is found to be false, mi the 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
	Applicant Signature		Date

TOWN OF WINDHAM Department of Parks & Recreation



VOLUNTEER APPLICATION

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 infor	mation, please provide the following:
Social Security Number:	
Date of Birth:	
Driver's License Number:	