



# Richmond Recreation Volunteer Application

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_

Other Names (maiden, alias, etc.): \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Texting: \_\_\_Yes\_\_\_ No

Home Phone: \_\_\_\_\_

E-mail Address (if available): \_\_\_\_\_

Present Employer: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_

References: (Please list three non-relatives)

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Position Desired?: \_\_\_\_\_

What interests you about this position?: \_\_\_\_\_

Please list the sports you have coached:

Type of sport	Organization/League	# of seasons
_____	_____	_____
_____	_____	_____

List any formal training in First Aid that you have received:

\_\_\_\_\_

Have you been convicted of any crime? \_\_\_Yes \_\_\_No If yes, please give details including dates, charges, and disposition. Convictions are not an absolute bar to volunteer duties. Consideration is given to the offense & its relationship to the position you are applying for.

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Have you ever been involved in an incident involving child abuse or neglect? \_\_\_ Yes \_\_\_ No (If yes, please explain)

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### Background Check Authorization Form

I, \_\_\_\_\_ understand that in order to assess my qualifications for the position of \_\_\_\_\_, a full background investigation is necessary. I, therefore, authorize the Town of Richmond to conduct an investigation which may include but not be limited to: verification of information provided by me to the Town of Richmond: a financial management check; contacting persons, clients, business associates, professional organizations, educational or other institutions, and government and law enforcement agencies regarding work performance, character references and record history information; contacting employers for performance information; and verifying educational attainment. All the information and materials I have provided to the Town of Richmond as part of the employment process are accurate and truthful.

I further authorize all my present and previous employers, or references, to furnish information concerning my personal character, habits or employment performance, and authorize schools that I have attended to provide verification of educational attainment and other relevant information.

I understand that this form authorizes the Town of Richmond to conduct a pre-employment physical for purposes of assessing my overall health qualifications for employment with the Town of Richmond. (All costs associated with the physical will be paid by the Town of Richmond).

In the event of any volunteer duties, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I also understand that I am required to abide by all rules and regulations of the Town of Richmond, Maine and the rules set forth by the Richmond Recreation Association.

Date: \_\_\_\_\_

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

Driver's License # & Issuing St.: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

(For applicants under 18)