



Volunteer Application

100 Main Street
Topsham, ME 04086
(207) 725-1726
Fax – 725-1732

E-mail - klafountain@topshammaine.com

Date of Application _____

Name _____ Date of Birth _____

Other Names (Maiden, alias, etc.) _____ Sex _____

Driver's Lic. # _____ State _____

Home Address _____ Home Phone _____

City _____ Work Phone _____

E-mail Address (if available) _____

Previous Address _____ Home Phone _____

City _____ Work Phone _____

Present Employer _____ Name of Supervisor _____

Address _____ Work Phone _____

City _____ Is it ok to call at work ____ Yes ____ No

References: (Please list three that are not relatives)

Name Address Phone Number

Name Address Phone Number

Name Address Phone Number

Reason for wanting to volunteer? _____

Position Desired? _____

What interests you about this position? _____

Please List the Sports you have coached.

type of sport	organization/league	number of seasons
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type of sport	organization/league	number of seasons
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type of sport	organization/league	number of seasons
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List any formal training in First Aid that you have received:

Have you ever been arrested, charged or convicted of a crime?
(This would include any OUI's, etc.) ____ Yes ____ No (if yes, explain details)

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

My signature below constitutes authorization to check my employment history, including without limitation, criminal arrest and conviction record checks, reference checks, and release of investigatory information possessed by any state, local or federal agency.

Printed name

Signature

Date