

Monmouth Recreation Department

Volunteer Application Form

Applicant Information

Full Name: _____
Date of Birth: ____ / ____ / ____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: (____) _____
Email Address: _____

Emergency Contact

Name: _____
Relationship: _____
Phone Number: (____) _____

Volunteer Interests (Check all that apply)

- ☐ Youth Sports Programs
- ☐ Senior Activities
- ☐ Special Events & Festivals
- ☐ Park Cleanup & Maintenance
- ☐ Arts & Crafts Programs
- ☐ Other: _____

Availability

Days Available:
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday
Hours Available: _____

Skills & Experience

Please list any relevant skills, certifications, or prior volunteer experience:

Background Check Requirement

All volunteer positions require a background check prior to placement.

Please provide the following information for this purpose:

Legal Name (as it appears on ID): _____

Date of Birth: ____ / ____ / ____

Driver's License or State ID Number: _____ State: _____

Have you ever been convicted of a crime (excluding minor traffic violations)?

☐ Yes ☐ No

If yes, please explain:

By signing below, I authorize the Monmouth Recreation Department to conduct a background check, including criminal history, as a condition of my volunteer service. I understand that refusal to undergo a background check will result in ineligibility to volunteer.

Medical Information (Optional)

Please list any allergies, medical conditions, or special needs we should be aware of:

Volunteer Agreement

I certify that the information I have provided is true and complete to the best of my knowledge. I understand that my volunteer work is unpaid, that I must pass a background check before starting, and that I will abide by all department rules, regulations, and policies. I release the Monmouth Recreation Department and the Town of Monmouth from any liability related to my volunteer activities, except where prohibited by law.

Signature: _____ Date: ____ / ____ / ____

Parent/Guardian Signature (if under 18): _____ Date: ____ / ____ / ____

Return completed applications to:

Monmouth Recreation Department
Attention: Mike Griswold
117 Academy Road
Monmouth, ME 04259
Email: mgriswold@monmouthmaine.gov