

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 (Circle all that apply)

Youth Sports Leading/Coaching, Senior Program Activities, Special Events & Festivals,

Park Cleanup & Maintenance, Arts & Crafts Programs

Other: _____

Availability

Days Available (Please Circle):

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)?

Please Circle: 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.

Informed Consent

I, the undersigned participant /parent / guardian / volunteer, agree and understand that:

1. Participation in this sport/activity is hazardous and may result in injury; and participation may be injurious to myself or others.

2. I also certify that I am physically capable of participating in this activity/program.

3. Further, I agree that in consideration for permission to participate in the Town of Monmouth's sponsored program, I assume all risks of injury incurred or suffered while on Town's premises while participating in programs.

4. RELEASE: In consideration of your accepting this application in the Town of Monmouth Programs, I hereby for myself, my heirs, executors, and administrators, waive and release and all right and claims for damages I may have against the Town of Monmouth, the Monmouth Recreation Department, their agents, representative, and assigns for any and all injuries suffered by me or my child in this program.

5. As a matter of caution, the Bureau strongly recommends you have accident and health insurance in force when taking part in a Recreation Bureau program.

6. In the event the above listed participant requires emergency medical treatment, I hereby give permission for treatment to be given by qualified medical personnel and also give permission to have participant transported to and treated at a qualified medical treatment facility.

7. I have read the above informed consent, understand them and agree to abide by them.

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