

Gorham Recreation Department

75 South Street Gorham, ME 04038
Phone: 222-1630 Email: recreation@gorham.me.us

VOLUNTEER APPLICATION

Name: _____ Date of Birth _____

Street Address: _____ Town, State, Zip _____

Home Phone: _____ Business Phone: _____ Cell: _____

Occupation, Employer and Business Address: _____

Drivers License #: _____ State: _____ Exp: _____ US Citizen: Yes ___ No ___

Previous Residence (for last 5 years) _____

Current Memberships (religious, community, business, labor, or professional organizations)

References: Please list those who are familiar with your character as it relates to working with youth. References will be checked when necessary.

Name: _____ Phone (day): _____ Phone (evening): _____ Ref. Checked: _____

Name: _____ Phone (day): _____ Phone (evening): _____ Ref. Checked: _____

Name: _____ Phone (day): _____ Phone (evening): _____ Ref. Checked: _____

Have you ever been charged with child neglect or abuse? Yes ___ No ___

Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance and care of young people? Yes ___ No ___

If yes, please explain: _____

I certify that all information provided on this application is true and correct. I understand that the information I have provided may be verified by contact with persons or organizations name in this application or with persons or organizations that possess information concerning me. I hereby agree to defend, indemnify and hold harmless the Town of Gorham, its agents, officers, employees, volunteers and others who provide information in connection with this application from liability for any information provided in good faith regarding this application or the information contained in the application.

Signature of Applicant: _____ Date _____