



# Lewiston Municipal Volunteer Program Volunteer Application



**PURPOSE**

*The purpose of the Municipal Volunteer Program is to connect City of Lewiston residents with municipal departments through active volunteer participation. Such interaction will benefit the City by providing a capable resource pool to assist employees and will benefit residents by providing a greater understanding of local government and an opportunity to make a difference.*

**CONTACT INFORMATION & PERSONAL DATA\***

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Do you possess a valid Maine State Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is your license number? \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Why do you want to be a volunteer? (Please use separate sheet if needed.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you like to do as a volunteer; do you have a preference? (Please use separate sheet if needed.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL SKILLS AND ABILITIES**  
(Please check all that apply.)

- |   |   |
|---|---|
| <input type="checkbox"/> Enjoy working with numbers | <input type="checkbox"/> Skilled in Microsoft Office              |
| <input type="checkbox"/> Alphabetical filing        | <input type="checkbox"/> Strong organizational skills             |
| <input type="checkbox"/> Customer service           | <input type="checkbox"/> Painting, carpentry (choose one or both) |
| <input type="checkbox"/> Keyboarding; data entry    | <input type="checkbox"/> Research capabilities                    |
| <input type="checkbox"/> Public speaking            | <input type="checkbox"/> Shelving/mending books                   |
| <input type="checkbox"/> Outdoor/indoor recreation  | <input type="checkbox"/> Gardening                                |
| <input type="checkbox"/> Web site maintenance       | <input type="checkbox"/> Multi-tasking                            |
| <input type="checkbox"/> Bi-lingual                 | Other _____<br>(Please Specify)                                   |

**PREVIOUS VOLUNTEER EXPERIENCES**

Organization Name	Volunteer Duties	Dates of Service (? - ?)

**EDUCATION**

School	Major Focus (Post-secondary)	Date of Graduation

**WORK EXPERIENCE**  
**(Please use separate sheet if needed.)**

Briefly describe your current and/or past work experiences (duties & responsibilities).

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**AVAILABILITY**  
**(Please indicate days of week & preferred hours that you are available.)**

<b>Monday</b>	<b>Preferred hours</b>	<b>_____ to _____</b>
<b>Tuesday</b>	<b>Preferred hours</b>	<b>_____ to _____</b>
<b>Wednesday</b>	<b>Preferred hours</b>	<b>_____ to _____</b>
<b>Thursday</b>	<b>Preferred hours</b>	<b>_____ to _____</b>
<b>Friday</b>	<b>Preferred hours</b>	<b>_____ to _____</b>
<b>Saturday</b>	<b>Preferred hours</b>	<b>_____ to _____</b>
<b>Sunday</b>	<b>Preferred hours</b>	<b>_____ to _____</b>

**REFERENCES**  
**(Please list two references other than family members.)**

<b>Name</b>		<b>Name</b>	
<b>Street Address</b>		<b>Street Address</b>	
<b>City/State/Zip</b>		<b>City/State/Zip</b>	
<b>Home Phone</b>		<b>Home Phone</b>	
<b>Work Phone</b>		<b>Work Phone</b>	
<b>Cell Phone</b>		<b>Cell Phone</b>	

In case of emergency, please contact \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to volunteer \_\_\_\_\_

## **VOLUNTEER AGREEMENT**

**\*A background check will be conducted  
on all applicants being considered for City of Lewiston volunteer service.**

I understand that I am offering my services to the City of Lewiston without compensation. Once I become a City of Lewiston volunteer, I agree to abide by all City rules, regulations, and policies, either published or in effect by custom and usage and all rules, regulations, and laws of the State of Maine as may be required by City and State statutes. I understand that by signing this application, I hereby grant the City permission to perform a background check, including driving record, past employment, volunteer history, and personal references. I also understand that information collected during this background check will be limited to that appropriate to determine my suitability for particular types of available municipal volunteer work and that all such information collected during the background check will be kept confidential. I also understand that my service as a volunteer may be terminated at any time with or without cause; if terminated, I understand that I may not be considered for future volunteer duties within Lewiston municipal government.

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

# City of Lewiston Municipal Volunteer Program

## Photo Release



I, \_\_\_\_\_, hereby grant City of Lewiston municipal staff and elected officials to photograph me while I am volunteering as a participant in the city's Municipal Volunteer Program. Photographs of me may be used with or without mention of my name. The City of Lewiston shall have complete ownership of the photographs taken of me while I am performing my volunteer duties and shall have the exclusive right to make use of such photos as it deems appropriate, including, but not limited to, web site postings, public display, reproduction, and distribution to the media and other entities. I also understand and agree that I am to receive no compensation of any kind, monetary or otherwise, due to the use of such photographs of me.

If under 18, must be signed by parent or guardian.

(MINOR CHILD'S NAME: \_\_\_\_\_ )

DATE

SIGNATURE

PLEASE PRINT NAME

ADDRESS

PHONE NUMBER



**Lewiston Municipal Volunteer Program  
Confidentiality Agreement**

**Between**

**the**

**City of Lewiston**

**and**

**Municipal Volunteers**

I acknowledge that I am a volunteer assigned to the City of Lewiston's

\_\_\_\_\_.

I do hereby certify that all information that I receive from the City in relation to my assigned duties shall be regarded as '**CONFIDENTIAL**,' and I shall not share the information with anyone except other designated individuals.

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Volunteer Name

**City of Lewiston, Maine  
Municipal Volunteer Program  
Volunteer Release and Waiver of Liability**



This Release and Waiver of Liability, (the "Release") executed on this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by \_\_\_\_\_, (hereinafter "Volunteer"), in favor of the City of Lewiston, and its directors, officers, employees and agents.

Volunteer desires to work in a volunteer capacity for the City of Lewiston and to engage in activities related to being a volunteer on premises owned, operated, or maintained by the City of Lewiston (the "Activities") or traveling as a City of Lewiston volunteer. Volunteer does hereby freely, voluntarily, and without duress execute this Release under the following terms:

1. **RELEASE AND WAIVER:** Volunteer, for him/herself and his or her legal representatives, spouse, heirs and assigns, does hereby release and forever discharge and hold harmless the City of Lewiston and its municipal departments, and its officers, directors, employees, agents, insurers and representatives, successors and assigns, from any and all liability claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with the City of Lewiston.

Volunteer understands that this Release discharges the City of Lewiston from any liability or claim that the Volunteer may have against the City of Lewiston with respect to any bodily injury, personal injury, illness, death, or property damage (hereinafter "loss") that may result from Volunteer's Activities with the City of Lewiston, whatever the cause of such loss and without regard to whether the loss was caused by the negligence of the City of Lewiston or its officers, directors, employees, or agents or otherwise. Volunteer covenants not to bring any action against the City of Lewiston for any such loss. Volunteer also understands that the City of Lewiston does not assume any responsibility for or obligation to provide financial or other assistance including but not limited to medical, health or disability insurance in the event of injury or illness.

**Initial** \_\_\_\_\_

2. **MEDICAL TREATMENT:** Volunteer does hereby release and forever discharge the City of Lewiston from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with the City of Lewiston. Volunteer authorizes the City of Lewiston, its agents, representatives, and other volunteers to act or refrain from acting, in accordance with their best judgment, on Volunteer's behalf in case of an emergency. Nothing in this paragraph or elsewhere herein shall create any affirmative obligation requiring the City of Lewiston, its officers, directors, employees, or volunteers to render any first aid to Volunteer in the event of a medical issue.

3. **INSURANCE:** Volunteer understands that, except as otherwise agreed upon by the City of Lewiston in writing, the City of Lewiston does not carry or maintain health, medical, disability or Workers Compensation insurance coverage for any volunteer.
4. **OTHER:** Volunteer expressly agrees that the Release is intended to be as broad and inclusive as permitted by the laws of the State of Maine, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Maine. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which will continue to be enforceable.

IN WITNESS WHEREOF, Volunteer (and Volunteer's parent/legal guardian if Volunteer is under age 18) has carefully read this Release and agrees with all its terms and conditions, and has executed this Release as of the day and year first written.

**Signature of Volunteer:** \_\_\_\_\_

**Printed Name of Volunteer:** \_\_\_\_\_

**Signature of Parent/Legal Guardian if Volunteer Is 17 Years of Age or Under (*must be at least 13 years old*):** \_\_\_\_\_

**Printed Name of Parent/Legal Guardian:** \_\_\_\_\_

\_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Legal Guardian

**Witness Signature (WITNESS ONLY NEEDED IF VOLUNTEER IS A MINOR):**

\_\_\_\_\_  
**Printed Name of Witness:** \_\_\_\_\_

**Volunteer Information:**

**Address:** \_\_\_\_\_

**City/State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone #s: (Home)** \_\_\_\_\_ **(Cell)** \_\_\_\_\_ **(Work)** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_





CITY OF LEWISTON  
RECREATION DIVISION

Division position: \_\_\_\_\_

**BACKGROUND CHECK CONSENT FORM**

I authorized the City of Lewiston to conduct a through inquiry into all background information which it deems necessary to clear me for employment and/or program volunteer. This may include, but is not limited to, an investigation into my employment, driving and criminal history, as well as other relevant personal and public records, which the City of Lewiston believes is necessary.

I specifically release and authorize employers, corporations, local, state and federal agencies and other persons to freely and completely respond to any inquiry made by or for the City of Lewiston. I also release such persons from any liability for responding to any inquiry by the City of Lewiston.

A copy of this document shall be, for all intents and purposes, as valid as the original.

**[Employee Please Print Below] Date of Birth:** \_\_\_\_\_

Last Name: \_\_\_\_\_ Soc.Sec. #: \_\_\_\_\_

First Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

# of years: \_\_\_\_\_ State of License: \_\_\_\_\_

**Legal Address, if different:**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ # of Yrs.: \_\_\_\_\_

**Previous addresses, listing most recent first:**

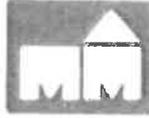
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ # of Yrs.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ # of Yrs.: \_\_\_\_\_

**I affirm that all answers given are true and complete.**

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's Signature of, if applicant is under 18:**



**MAINE MUNICIPAL ASSOCIATION  
BACKGROUND CHECK AUTHORIZATION FORM**

**For City of Lewiston**

I, \_\_\_\_\_, understand that in order to assess my qualifications for the position of \_\_\_\_\_, a full background investigation is necessary. I, therefore, authorize the Maine Municipal Association (for the City of Lewiston), to conduct an investigation which may include but not be limited to: verification of information provided by me to the Maine Municipal Association; 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 City of Lewiston, as part of the employment process, are accurate and truthful.

**Applicant Name:** \_\_\_\_\_  
(Please list maiden name or any other names previously used.)

**Street Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_

**State/Zip:** \_\_\_\_\_

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

**Work Phone:** \_\_\_\_\_

**Social Security  
Number:** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Drivers License #** \_\_\_\_\_

**State of Issuance** \_\_\_\_\_

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

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