

# 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: \_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Why do you want to be a volunteer?

What would you like to do as a volunteer; do you have a preference?

## SPECIAL SKILLS AND ABILITIES

(Please check all that apply)

Enjoy working with numbers _____	Skilled in Microsoft Office _____
Alphabetical filing _____	Strong organizational skills _____
Customer service _____	Painting _____ Carpentry _____
Data entry _____	Research capabilities _____
Public speaking _____	Shelving/mending books _____
Outdoor/indoor recreation _____	Gardening _____
Web site maintenance _____	Multi-tasking _____
Bi-lingual _____	Other _____

(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 and responsibilities).

**AVAILABILITY**

(Please indicate days of the week and preferred hours that you are available.)

Monday      \_\_\_\_\_ Preferred hours: \_\_\_\_\_ - \_\_\_\_\_  
 Tuesday     \_\_\_\_\_ Preferred hours: \_\_\_\_\_ - \_\_\_\_\_  
 Wednesday \_\_\_\_\_ Preferred hours: \_\_\_\_\_ - \_\_\_\_\_  
 Thursday    \_\_\_\_\_ Preferred hours: \_\_\_\_\_ - \_\_\_\_\_  
 Friday        \_\_\_\_\_ Preferred hours: \_\_\_\_\_ - \_\_\_\_\_  
 Saturday    \_\_\_\_\_ Preferred hours: \_\_\_\_\_ - \_\_\_\_\_

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