

Adult



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 _____
(Please Specify) |

PREVIOUS VOLUNTEER EXPERIENCES

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

EDUCATION

School	Major Focus (Post-secondary)	Date of Graduation

(Please use separate sheet if needed.)

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

Monday	Preferred hours	_____to _____
Tuesday	Preferred hours	_____to _____
Wednesday	Preferred hours	_____to _____
Thursday	Preferred hours	_____to _____
Friday	Preferred hours	_____to _____
Saturday	Preferred hours	_____to _____
Sunday	Preferred hours	_____to _____

(Please list two references other than family members.)

Name		Name	
Street Address		Street Address	
City/State/Zip		City/State/Zip	
Home Phone		Home Phone	
Work Phone		Work Phone	
Cell Phone		Cell Phone	

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: _____

Human Resources

AUTHORIZATION FOR RELEASE OF INFORMATION

AUTHORIZATION FOR BACKGROUND INVESTIGATION

My signature below constitutes authorization for release to the City of Lewiston, Maine all information relating to my employment, criminal and driving history, including without limitation, criminal arrest and conviction record checks, reference checks and release of investigatory information possessed by any person, corporation, or state, local or federal agency; at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, information service bureau, or employer to furnish any and all background information requested by **Backgrounds Online, 1915 21st Street, Sacramento, CA 95811; (800) 838-4804; www.backgroundsonline.com** and/or the City of Lewiston, Maine.

I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the City of Lewiston, its agents and officials or against any provider of such information.

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The City of Lewiston, Maine may obtain information about me from a third-party reporting agency for employment purposes. Thus, I may be the subject of a report which may include information regarding my criminal history, social security verification, motor vehicle records, or other background checks. The investigations will be conducted by Backgrounds Online, 1915 21st Street, Sacramento, CA 95811; (800) 838-4804; www.backgroundsonline.com.

I understand that information submitted in connection with my application for employment may be disclosed to a screening and/or interviewing committee, which may include elected officials, administrators, other staff, and members of the community. I give my consent to this disclosure. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Applicant Signature

Date

AGREEMENT FOR A MINOR (under age 18):

I hereby authorize (please print) _____, who is a minor, to obtain employment or volunteer with the City of Lewiston. My signature below serves as my agreement for said minor to be the subject of a background check as noted here, as well as understanding that this minor will be asked to sign a separate confidentiality agreement.

Signature of Parent/Legal Guardian

Date

Printed Name of Parent/Legal Guardian

Please Print CLEARLY and LEGIBLY.

Have you ever lived outside the state of Maine? ☐ Yes ☐ No
(If yes, additional out of state background checks will be completed.)

Legal First Name	
Legal Middle Name	
Legal Last Name	
Other Names/Aliases (maiden name, etc.)	
Social Security Number	
Date of Birth	
Street Address (physical)	
City, State, Zip	
Driver's License #	
State of License	
Email	
Phone #	

I affirm that all answers given to the City of Lewiston are true and complete.

Applicant Signature

Date