

Kennebunk Parks & Recreation Department Information Sheet

NAME _____

ADDRESS _____

HOME PHONE _____

CELL PHONE _____

EMAIL ADDRESS _____

*******IN CASE OF EMERGENCY*******

EMERGENCY CONTACT #1 _____

PHONE _____

EMERGENCY CONTACT #2 _____

PHONE _____

TOWN OF KENNEBUNK

BACKGROUND CHECK AUTHORIZATION FORM

I understand in order to assess my qualifications for the position of _____, a background investigation is necessary. I authorize the Town of Kennebunk and its designated assignees, employees or officers to conduct a comprehensive review of my background which may include but not be limited to the following areas: verification of current and previous residences; employment history, education; references; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; motor vehicle records, including traffic citations and registration; and any other public records.

I authorize any individual, company, firm, corporation or public agency to release any of these records or data pertaining to me to the Town or its agents for the purpose of evaluating my application for employment. I understand that the information provided on this form is required for the purpose of conducting the background check and shall not be used for any other purpose. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

APPLICANT SECTION (Please complete)

_____ I confirm all the information I have provided to the Town of Kennebunk for the purpose of conducting a background check is accurate and truthful.

Legal Name (please print): _____ Former Names: _____
First name, Middle initial, Last name

Physical Address: _____
(If less than 5 years at this address, please include former address(s) below or attached to this form)

Birth Date: _____ Phone: _____

Signature: _____ Date: _____

INTERNAL USE ONLY

Type(s) of Background Check Requested *(To be completed by Department requesting background check):*

_____ Job References	Date sent to HR: _____	Initials _____
_____ Criminal Background	Date completed by HR: _____	Initials _____
_____ Motor Vehicle (Maine)	Background Approved: _____	Initials _____
_____ Sex Offender Registry	Follow up Needed with DD: _____	Initials _____

Process:

1. Applicant reads and completes Applicant Section authorizing Town to perform a background check.
2. Department completes the Internal Use section indicating the types of background check requested and forwards to HR.
3. HR performs background check utilizing InforME (Information System of Maine) Criminal Background and Motor Vehicle records & State of Maine Sex Offender Registry.
4. HR notifies Division Director of any questions/concerns from background check with appropriate follow up including conversation with applicant.
5. HR reviews, completes, and emails background form back to Department Representative.
6. HR retains background check form and supporting information in a confidential, separate file.

Kennebunk

1 Summer Street
Kennebunk, ME
04043

Parks & Recreation

offering programs for ages 1 through 101



VOLUNTEER CONTRACT AGREEMENT

Program: _____ Dates: _____ Program Times: _____

Name: _____ Home Phone: _____ Work: _____ Cell: _____

Address: _____ Shirt Size: _____

This agreement between _____ and the Kennebunk Parks and Recreation Department serves as the basis of volunteerism with the Town of Kennebunk.

Volunteerism is in itself the single most important part of this department providing programs to this community. You provide a function that you should be very proud of; filling both children and adults with laughter, education and a sense of enjoyment in their day to day life. Because this department relies so much on volunteers, it is just as important that you adhere to all the rules and regulations the department provided you. This department gives special thanks for the hours you are about to give this community and hope you get as much out of the program as the participants.

★PLEASE READ CAREFULLY

Kennebunk Parks & Recreation reserves the right at any time to cancel a program and/or activity before, during and/or after the completion of said program. **All written materials (flyers, posters, brochures, letters, T-shirts) can not be distributed to the public without the approval of the Kennebunk Parks & Recreation Department.** ★ *There will be no reimbursement given or payment made out for any materials purchased without the departments approval.*

It is the responsibility of the above volunteer to:

- Know if and when the program will be starting i.e: times & dates.
- Have all first aid supplies, equipment, program list, emergency number list, accident report forms, program evaluations and facility being used in order before the program/activity begins.
- Report any injuries/accidents regardless of severity to this office immediately. An accident injury form must be completed by the program coordinator/volunteer for any injury while attending a Parks & Recreation program/activity.
- NEVER allow anyone other than the participants listed on the program list provided by the office to participate in **anyway** during a program. Any extra persons who did not register **may not participate at all** unless the parent/guardian registers them at the office prior to the program starting and with approval from the Kennebunk Parks & Recreation office. A child under no circumstances should be allowed to participate in the program in the event that the parent/guardian leaves the program to register at the office. If there is any question on whether a person is registered, they may not participate without approval from this office.
- Read participant list to look for any medical concern that may need to be prepared for it is the instructor responsibility to contact the department for any modifications that may be needed.
- To call all participants and the rec. office if any class has been cancelled due to any reason and promptly reschedule if at all possible.
- To make sure all participants are safely gone home after program has ended. **NOTE:** All employees and volunteers have to stay at program if parents are late picking up children and inform parents of the late fee assessment.
- Abide by all the rules and regulations of the department and the program.
- Employees/Volunteers may not solicit participants for their own private business nor the private business of any other employee/volunteer or participant of the program.
- NEVER give out medical advice or tell an injured participant/parent that this department will reimburse for any injuries that occur during a program.
- NEVER set up any arrangements for special conditions or the disbursement of medicine or medical shots with a parent or participant of any Parks & Recreation program. These arrangements can only be done with the Director of the Parks & Recreation Department. This includes but is not limited to: one-on-one supervision requirements, disbursement of medicines or shots and regulation of medication.

A volunteer of this department will receive disciplinary action up to and including immediate discharge for violating department rules such as, but not limited to, the following:

- ◆ Theft of company property or the property of another employee or individual on town property or job site.
- ◆ Falsification of records
- ◆ Fighting or other serious misconduct, including the use of profane or abusive language on town property or job site.
- ◆ Willful destruction of town property or the property of others.
- ◆ Conviction of a crime related to or affecting volunteerism.
- ◆ Refusal to obey reasonable orders given by a superior.
- ◆ Reporting to volunteer under the influence of alcohol or drugs: possessing, using, or selling alcoholic beverages or drugs on town property.
- ◆ Leaving the work area without the permission of the immediate supervisor.
- ◆ Failure to use prescribed safety practices, equipment and tools.
- ◆ Excessive absenteeism and tardiness.
- ◆ Negligence or unsatisfactory performance of job duties.
- ◆ Reporting to volunteer improperly dressed.
- ◆ Failure to report accidents or injuries properly.
- ◆ Creating or contributing to unsafe or unsanitary conditions, or failure to follow housekeeping rules.
- ◆ Conduct that would bring serious discredit to the Town of Kennebunk, its employees, or the community.
- ◆ Smoking or the use of smokeless tobacco is prohibited in or within 10 feet of any municipal building and in, while operating any vehicle or equipment, or while running a program.

The Parks & Recreation Department issues vehicles and equipment in a manner that will make the volunteers the most productive:

- Town vehicles and equipment are not to be used for personal use. All accidents will be reported to the Parks & Recreation office immediately along with any necessary reports as soon as possible. An accident involving a Town vehicle, which is determined to be the fault of the employee through carelessness or neglect, may be grounds for dismissal.
- Town vehicles and equipment are expected to be kept neat and clean inside and out at all times.
- Town insurance does not cover non-authorized passengers. Therefore employees are not allowed to carry non-employees as passengers except where approval has been given.
- All drivers must fill out a Vehicle Log form each time a Parks & Recreational vehicle is operated. For your safety and the safety of others this office must keep record of each usage to determine the scheduling of routine maintenance, stay aware of any mechanical problems, etc.

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to myself and:

(Please indicate with a check if wish to arrange to receive or decline this vaccination at this time)

- I wish to arrange to receive the Hepatitis B Virus vaccination.
- I wish to decline the Hepatitis B vaccine at this time and will sign a Hepatitis B Virus Declination form. I understand by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

The Kennebunk Parks & Recreation Director reserves the right to terminate this agreement at any such time the Department's written and verbal guidelines are not being followed by the above employee.

I have read the above and fully agree to abide by the conditions of the agreement as well as the rules & regulations. At any such time I feel otherwise, I will immediately contact the director to discuss any problems I might have.

SIGNED: _____ DATE: _____ REVIEWED WITH: _____

I have reviewed and understand the Town of Kennebunk Harassment Policy. I fully understand the Town will not tolerate any form of harassment or sexual harassment at the workplace. Any employee determined to have engaged in harassment as described by both federal and state law shall be subject to disciplinary action up to, and including, discharge from employment. A copy of the Town's Personnel Policy is available for your review at the Parks & Recreation Office. If you wish to obtain a copy of the Town's Personnel Policy please contact the Parks & Recreation Department.

SIGNED: _____ DATE: _____ REVIEWED WITH: _____

KENNEBUNK PARKS & RECREATION DEPARTMENT

VOLUNTEER APPLICATION

1 Summer Street, Kennebunk, ME 04043

Phone: 207-604-1335, Fax: 985-4609

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Volunteer Interests 1. _____ 2. _____

Do you have any training/certification in First Aid? Yes _____ No _____

Do you have any training/certification in CPR? Yes _____ No _____

Have you ever been convicted of a crime? Yes _____ No _____

Conviction will not necessarily disqualify an applicant from volunteering

If Yes, please explain _____

APPLICANT STATEMENT

I certify that all information in the above volunteer application is true, complete, and correct to the best of my knowledge. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause for dismissal. I authorize investigation of all statements contained in this application for volunteering that may be necessary in making any volunteering decision.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand, and accept all terms of the forgoing Applicant Statement.

Signature of Applicant

Date