

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