

Volunteer Application
City of Brewer
Parks & Recreation Department

Brewer Auditorium, 318 Wilson Street, Brewer, Maine 04412

Date: _____

Name: _____

Date of Birth: _____

Social Security # _____ Drivers License #: _____ State: _____

Other Names (Alias, maiden, etc.): _____

Home Address: _____

Telephone: _____

(all addresses in previous 5 years, complete on back if necessary)

Previous Address: _____

Previous Address: _____

Program Volunteering for: _____

Do you have a child participating in this activity? _____ If yes, child's name: _____

Work History

Present Employer: _____

Work Phone: _____

Address: _____

Years of employment: _____

References:

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Consent/Release Form:

I, _____, authorize and give consent for the City of Brewer Parks & Recreation Department, to obtain information regarding myself. This includes, but is not limited to:

Employment Records/References

Criminal Background Records/Information

Criminal Background Check

Driver's License Check

Coaching Experience

First-aid Experiences

Personal References

Addresses

I authorize this information to be obtained either in writing or via telephone in connection with my volunteer application.

Name (Printed): _____ Date: _____

Signature: _____