

Town of Norridgewock

Committee/Volunteer Application

All citizens interested in having their names considered for appointment by the Norridgewock Board of Selectmen, at such time a vacancy occurs on any committee where appointments are made, may complete this application and return it to the Town Office.

CONTACT INFORMATION

Name (First, M.I., Last): _____

Mailing Address: _____

Street Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

AVAILABILITY

During which times are you available for volunteer assignments? *Check all that apply.*

- | | | |
|---|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekday evenings |
| <input type="checkbox"/> Weekend mornings | <input type="checkbox"/> Weekend mornings | <input type="checkbox"/> Weekend evenings |

INTERESTS

In which areas are you interested in volunteering? *Check all that apply.*

- | | | |
|---|--|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Economic Development | <input type="checkbox"/> Parks |
| <input type="checkbox"/> Airport | <input type="checkbox"/> FirstPark | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Appeals Board | <input type="checkbox"/> KV Council of Governments | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Cemetery | <input type="checkbox"/> Library | <input type="checkbox"/> _____
<i>Other</i> |

SPECIAL SKILLS OR QUALIFICATIONS

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities including hobbies and sports.

If appointed, can we share your contact information with other Town of Norridgewock groups or committees? Yes No

If yes, what can we share? *Check all that apply.*

- Name Address Email
- Home Phone Cell Phone

Applicant Signature

Date

BACKGROUND INVESTIGATION AUTHORIZATION

On January 20, 2010, the Board of Selectmen voted to have background checks performed on any individual 18 years of age or older who are involved in Town programs. The form below will be required before you are fully appointed to a position. **This form may be completed after an appointment has been made.**

I, _____, understand that in order to assess my qualifications for the appointed position, a full background is necessary. I, therefore, authorize the Town of Norridgewock, Maine, to conduct an investigation which may include but not be limited to: verification of information provided by me to the Town of Norridgewock; a financial management check; contacting persons, institutions, government, and law enforcement agencies for character references and record history information; contacting employers for performance information; and verifying educational attainment.

I hereby authorize all my present and previous employers, or references, to furnish information concerning my personal character, habits, or employment performance. I also authorize schools which I have attended to provide verification of educational attainment and other relevant information.

Please list your maiden name and any previous names you have used or may have been known by:

Applicant Signature

Date

Date of Birth

Social Security Number