

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: _____

Mailing Address: _____

Street Address: _____

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

Email Address: _____

Availability

During which hours are you available for volunteer assignments?

____ Weekday Mornings ____ Weekday Afternoons ____ Weekday Evenings
____ Weekend Mornings ____ Weekend Afternoons ____ Weekend Evenings

Interests

Tell us in which areas you are interested in volunteering

____ Administration ____ Airport ____ Recreation ____ Parks ____ KVCOG
____ First Park ____ Cemetery ____ Alternate Plumbing Inspector
____ Appeals Board ____ Sealer of Weights and Measures ____ Economic Development
____ Constable for Civil Service Only ____ Other (Please Specify) _____

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.

Date received: _____ Renewed: _____, _____, _____, _____

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

If yes, what can we share? *Please check all that apply*

Name Address Home Phone Cell Phone Email

Applicant Signature

Date

Application will be kept on file for two years.

On January 20, 2010, The Board of Selectmen voted to have background checks performed on any individual over 18 years of age involved in Town programs. Please be sure to fill out the Background Investigation Authorization Form below. This form may be completed after appointment has been made.

BACKGROUND INVESTIGATION AUTHORIZATION FORM

I, _____
Please include middle initial and list maiden name and any previous nick names or other names you have used.
understand that in order to assess my qualifications for the position(s) of _____

a full background investigation 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; containing 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.

Date

Applicant Signature

Social Security Number

Date of Birth

Date received: _____ Renewed: _____, _____, _____, _____