

**CITY of LEWISTON  
RECREATION DIVISION  
COACH/ASST. COACH/PARENT VOLUNTEER  
REGISTRATION FORM**

**Coach's Name:** \_\_\_\_\_

**Assistant Coach's Name:** \_\_\_\_\_

**Parent Volunteer Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**COACHING/VOLUNTEER IN WHAT SPORT/PROGRAM?** \_\_\_\_\_

**Number of years coaching** \_\_\_\_\_ **years.**

**Do you have a child in the program?**     **Yes**     **No**

**Do you wish to coach his/her team?**     **Yes**     **No**

**Are you currently certified under N.Y.S.C.A., which is the National Youth Sports Coaches' Association?** **Yes**  **Expiration Date:** \_\_\_\_\_ **No**

**Do you have CPR Certification?** \_\_\_\_\_ **or First Aid Certification?** \_\_\_\_\_

**Please list to what extent you have actively participated in a Youth Program, and what experience you have had coaching a Youth Sports team:**

\_\_\_\_\_  
\_\_\_\_\_

**Please list any coaching references you might have: (List the team name, age level, program director or principal's name and telephone number.)**

\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that all answers in the registration form are true. I realize any false statements or omissions of material facts shall be considered sufficient cause for immediate dismissal from the Lewiston Department of Recreation Program.

**Coach's/Asst. Coach's/Parent Volunteer  
Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## Lewiston Municipal Volunteer Program Confidentiality Agreement

Between

the

City of Lewiston

and

Municipal Volunteers

I acknowledge that I am a volunteer assigned to the City of Lewiston's

\_\_\_\_\_.

I do hereby certify that all information that I receive from the City in relation to my assigned duties shall be regarded as 'CONFIDENTIAL' and I shall not share the information with anyone except other designated individuals.

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Volunteer Name

**CITY OF LEWISTON  
RECREATION DIVISION  
65 CENTRAL AVE., LEWISTON, ME 04240  
Phone: 513-3005 Fax: 786-0783**

To All Interested Volunteers and Employees:

The City of Lewiston appreciates your interest in volunteering for the Recreation Division.

Please be aware that the City conducts thorough background investigations on all prospective volunteers/employees, including Local, State Bureau of Investigations, Secretary of State (for those whose jobs will include operating a municipal vehicle) and the National Crime Information Center.

Should anything be revealed that we believe could either be potentially embarrassing to the City of Lewiston or its citizens or place us in a position where we may be liable for your actions, you will not be retained as a coach, volunteer and/or temporary employee.

If you wish to discuss your background before applying, please call the Recreation Division at 513-3005

## Lewiston Municipal Volunteer Program Background Check Consent Form



I hereby authorize the City of Lewiston to conduct a thorough inquiry into all background information that it deems necessary to clear me for volunteer work. This may include, but is not limited to, an investigation into my employment, driving, and criminal history, as well as other relevant personal and public record, which the City of Lewiston believes is necessary. I specifically release and authorize employers; corporations; local, state and federal agencies; and other persons to freely and completely respond to any inquiry made by or for the City of Lewiston. I also release such persons from any liability for responding to any inquiry by or for the City of Lewiston.

A copy of this document shall be, for all intents and purposes, as valid as the original.

[Please Print Below]

Last Name	
First Name	
Maiden Name	
Mailing Address	
City, State, Zip	
Number of Years at Above Address	
Social Security Number	
Date of Birth	
Driver's License Number	
State of License	

I affirm that all answers given to the City of Lewiston are true and complete.

\_\_\_\_\_   
Date

\_\_\_\_\_   
Signature

**City of Lewiston, Maine  
Municipal Volunteer Program  
Volunteer Release and Waiver of Liability**

This Release and Waiver of Liability, (the "Release") executed on this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by \_\_\_\_\_, (hereinafter "Volunteer"), in favor of the City of Lewiston, and its directors, officers, employees and agents.

Volunteer desires to work in a volunteer capacity for the City of Lewiston and to engage in activities related to being a volunteer on premises owned, operated, or maintained by the City of Lewiston (the "Activities") or traveling as a City of Lewiston volunteer. Volunteer does hereby freely, voluntarily, and without duress execute this Release under the following terms:

1. **RELEASE AND WAIVER:** Volunteer, for him/herself and his or her legal representatives, spouse, heirs and assigns, does hereby release and forever discharge and hold harmless the City of Lewiston and its municipal departments, and its officers, directors, employees, agents, insurers and representatives, successors and assigns, from any and all liability claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with the City of Lewiston.

Volunteer understands that this Release discharges the City of Lewiston from any liability or claim that the Volunteer may have against the City of Lewiston with respect to any bodily injury, personal injury, illness, death, or property damage (hereinafter "loss") that may result from Volunteer's Activities with the City of Lewiston, whatever the cause of such loss and without regard to whether the loss was caused by the negligence of the City of Lewiston or its officers, directors, employees, or agents or otherwise. Volunteer covenants not to bring any action against the City of Lewiston for any such loss. Volunteer also understands that the City of Lewiston does not assume any responsibility for or obligation to provide financial or other assistance including but not limited to medical, health or disability insurance in the event of injury or illness.

**Initial** \_\_\_\_\_

2. **MEDICAL TREATMENT:** Volunteer does hereby release and forever discharge the City of Lewiston from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with the City of Lewiston. Volunteer authorizes the City of Lewiston, its agents, representatives, and other volunteers to act or refrain from acting, in accordance with their best judgment, on Volunteer's behalf in case of an emergency. Nothing in this paragraph or elsewhere herein shall create any affirmative obligation requiring the City of Lewiston, its officers, directors, employees, or volunteers to render any first aid to Volunteer in the event of a medical issue.
3. **INSURANCE:** Volunteer understands that, except as otherwise agreed upon by the City of Lewiston in writing, the City of Lewiston does not carry or maintain health, medical, disability or Workers Compensation insurance coverage for any volunteer.

4. **OTHER:** Volunteer expressly agrees that the Release is intended to be as broad and inclusive as permitted by the laws of the State of Maine, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Maine. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which will continue to be enforceable.

IN WITNESS WHEREOF, Volunteer (and Volunteer's parent/legal guardian if Volunteer is under age 18) has carefully read this Release and agrees with all its terms and conditions, and has executed this Release as of the day and year first written.

**Signature of Volunteer:** \_\_\_\_\_

Printed Name of Volunteer: \_\_\_\_\_

**Signature of Parent/Legal Guardian if Volunteer Is 17 Years of Age or Under (must be at least 13 years old):** \_\_\_\_\_

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

\_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Legal Guardian

**Witness Signature (WITNESS ONLY NEEDED IF VOLUNTEER IS A MINOR):**

\_\_\_\_\_  
Printed Name of Witness: \_\_\_\_\_

**Volunteer Information:**

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #s: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

E-mail Address: \_\_\_\_\_