



Lewiston Municipal Volunteer Program Volunteer Application



PURPOSE

The purpose of the Municipal Volunteer Program is to connect City of Lewiston residents with municipal departments through active volunteer participation. Such interaction will benefit the City by providing a capable resource pool to assist employees and will benefit residents by providing a greater understanding of local government and an opportunity to make a difference.

CONTACT INFORMATION & PERSONAL DATA*

Name: _____

Address: _____

City: _____ State _____ Zip Code _____

Telephone: Home: _____ Work: _____ Cell: _____

E-mail: _____

Do you possess a valid Maine State Driver's License? Yes _____ No _____

If yes, what is your license number? _____ Expiration Date ____/____/____

Why do you want to be a volunteer? (Please use separate sheet if needed.) _____

What would you like to do as a volunteer; do you have a preference? (Please use separate sheet if needed.) _____

SPECIAL SKILLS AND ABILITIES
(Please check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Enjoy working with numbers | <input type="checkbox"/> Skilled in Microsoft Office |
| <input type="checkbox"/> Alphabetical filing | <input type="checkbox"/> Strong organizational skills |
| <input type="checkbox"/> Customer service | <input type="checkbox"/> Painting, carpentry (choose one or both) |
| <input type="checkbox"/> Keyboarding; data entry | <input type="checkbox"/> Research capabilities |
| <input type="checkbox"/> Public speaking | <input type="checkbox"/> Shelving/mending books |
| <input type="checkbox"/> Outdoor/indoor recreation | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Web site maintenance | <input type="checkbox"/> Multi-tasking |
| <input type="checkbox"/> Bi-lingual | Other _____
(Please Specify) |

PREVIOUS VOLUNTEER EXPERIENCES

Organization Name	Volunteer Duties	Dates of Service (? - ?)

EDUCATION

School	Major Focus (Post-secondary)	Date of Graduation

WORK EXPERIENCE
(Please use separate sheet if needed.)

Briefly describe your current and/or past work experiences (duties & responsibilities).

AVAILABILITY
(Please indicate days of week & preferred hours that you are available.)

Monday	Preferred hours	_____	to	_____
Tuesday	Preferred hours	_____	to	_____
Wednesday	Preferred hours	_____	to	_____
Thursday	Preferred hours	_____	to	_____
Friday	Preferred hours	_____	to	_____
Saturday	Preferred hours	_____	to	_____
Sunday	Preferred hours	_____	to	_____

REFERENCES
(Please list two references other than family members.)

Name		Name	
Street Address		Street Address	
City/State/Zip		City/State/Zip	
Home Phone		Home Phone	
Work Phone		Work Phone	
Cell Phone		Cell Phone	

In case of emergency, please contact _____ Phone _____

Relationship to volunteer _____

VOLUNTEER AGREEMENT

***A background check will be conducted on all applicants being considered for City of Lewiston volunteer service.**

I understand that I am offering my services to the City of Lewiston without compensation. Once I become a City of Lewiston volunteer, I agree to abide by all City rules, regulations, and policies, either published or in effect by custom and usage and all rules, regulations, and laws of the State of Maine as may be required by City and State statutes. I understand that by signing this application, I hereby grant the City permission to perform a background check, including driving record, past employment, volunteer history, and personal references. I also understand that information collected during this background check will be limited to that appropriate to determine my suitability for particular types of available municipal volunteer work and that all such information collected during the background check will be kept confidential. I also understand that my service as a volunteer may be terminated at any time with or without cause; if terminated, I understand that I may not be considered for future volunteer duties within Lewiston municipal government.

Signature: _____ Date: _____