



TOWN OF WINDHAM
Department of Parks and Recreation

VOLUNTEER APPLICATION

Last Name: _____ Middle Initial: _____ First Name: _____

Mailing Address: _____ Town: _____

State: _____ Zip: _____ Phone: _____ DOB: _____

E-mail address: _____

Driver's License #: _____ State: _____ Expiration Date: _____

Educational Background (if over 18, do not list high school background)

High School Name	City	State	Years Attended
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College Name	Field of Study	City	State	Years Attended
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Work History (please list most recent first):

Company	Job Title	Dates of Employment	Phone Number
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Safety Training and Certifications (first aid, CPR, lifeguard training):

Title	Expiration Date
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Personal References (No relation to applicant)

Name	Relationship	Years Known	Phone #
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Please tell us any additional information about yourself that you feel we should know, including what position(s) you would like to be considered for. Include any experience you may have with leading outdoor expeditions, teaching, or working with youth):

Authorization to release information

I hereby request and authorize you to furnish the Windham Recreation Department with any and all information that they may request (concerning my work record, educational history, military record, criminal record, general reputation, and past or present medical condition.)

This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment as a Windham Recreation employee.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information requested above or any subsequent use of such information determining my qualifications to serve as a Recreation employee. This release will expire 60 days after the date signed.

Signed

Date