

**TOWN OF KENNEBUNKPORT**  
**PO Box 566, Kennebunkport, ME 04046**  
**Phone: (207) 967-4304 Fax: (207) 967-8470**

Name (INCLUDE MIDDLE NAME): \_\_\_\_\_

Previous full name(s) you were educated or worked under: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Additional Addresses in the previous 10 years: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Current Employer and Address: \_\_\_\_\_

Volunteer Areas of Interest 1 \_\_\_\_\_ 2 \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Exp. \_\_\_\_\_ U.S. Citizen Yes \_\_\_ No \_\_\_

Emergency Contact Name and Phone: \_\_\_\_\_

*REFERENCES:* Please list three, use only employers or volunteer service supervisors as references.

<u>Name</u>	<u>Phone</u>	<u>Position/Relationship</u>

**EDUCATION**

<u>High School / College</u>	<u>No. of Years</u>	<u>Degree</u>

Do you have First Aid and/or CPR training/certification? Yes \_\_\_ No \_\_\_  
Have you had the Hepatitis B vaccination? Yes \_\_\_ No \_\_\_  
Do you now or have you ever used illegal drugs? Yes \_\_\_ No \_\_\_  
Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_  
Have you ever been convicted of child neglect or abuse? Yes \_\_\_ No \_\_\_  
If yes to any of the above, please explain \_\_\_\_\_

I certify that all information provided on this application is true and correct. I give permission for the Town of Kennebunkport to conduct a background check, which may include sex offender registries, child abuse and criminal history records. I authorize and hold harmless from any liability all my present and previous employers, references, or schools information concerning my personal character, habits, or performance. I understand that, if appointed, my position is conditional. In the event that the Town receives information about me which the Town, in its discretion, finds to be conduct or behavior that is offensive or inappropriate, I understand that I will be immediately removed from my position without prior notice. I understand that in my capacity as a volunteer, I will not be covered by Workers' Compensation. I further agree to defend, indemnify, and hold harmless the Town of Kennebunkport and its agents, officers, and employees from and against any and all loss, liability, charges, expenses and causes of action which may arise by reason of the services I provide as a volunteer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Parental permission must also be obtained for any applicant under 18 years of age.

As the parent/guardian for the above named minor applicant, I hereby authorize the Town of Kennebunkport to complete a full background investigation as noted above to assess the qualifications of my son/daughter.

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Parent Signature/date