



2020-2021
Municipal Volunteer
APPLICATION

PLEASE PRINT LEGIBLY

General Information

Name: _____

Property Address: _____

Mailing Address (if different from above): _____

Phone and Cell Number: _____

Email address: _____

Please Answer the Following:

1. **Skill or Qualifications:** Please summarize skills and qualifications you have acquired from employment, previous volunteer work or through other activities.

Special Skills and Abilities (Please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Filing | <input type="checkbox"/> General office skills |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Bi-Lingual |
| <input type="checkbox"/> Typing | <input type="checkbox"/> Keyboarding: data entry |
| <input type="checkbox"/> Working with children | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Computer skills | |

2. What would you like to do as a volunteer: do you have a preference?

3. What days and hours are you available to volunteer? Mornings? Afternoons? Evenings?
Please check (✓) the day and circle am, pm or eve.

___ MONDAY am pm eve

___ TUESDAY am pm eve

___ WEDNESDAY am pm eve

___ THURSDAY am pm eve

___ FRIDAY am pm eve

___ SATURDAY am pm eve

___ SUNDAY am pm eve

4. Why do you want to be a volunteer?

Person to Notify in Case of an Emergency

Name _____

Relationship to Volunteer _____

Home Phone _____ Cell Phone _____

VOLUNTEER AGREEMENT AND SIGNATURE

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

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

I am volunteering my time and efforts with the City of Saco. As such I have no expectations for employment, compensation or remuneration. I am not an employee of the Town. I understand that I, or the Town, am free to discontinue my volunteer service or appointment or assignment at any time, and for any reason.

Name (Printed)

(Signature of Applicant)

(Date)

Please return the completed application to: Mary Starr, Volunteer Coordinator, City Hall Annex
11 Cutts Ave. Saco, Maine 04072 or via email to mstarr@sacomaine.org.

OUR POLICY

It is the policy of the City to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with the City of Saco.