

TOWN OF BUCKFIELD

APPLICATION FOR VOLUNTEERS AT THE SWAP SHOP

PERSONAL INFORMATION

Name _____
Last First Middle

Mailing Address _____
City/Town State Zip Code

Street Address _____
City/Town State Zip Code

Telephone Numbers _____
Daytime Evening Mobile

Email Address (optional) _____

Are you over 18 years old? Yes No

REFERENCES

List three persons, not related to you, who have known you for at least one year.

Name Address Phone #

Name Address Phone #

Name Address Phone #

Are you willing to submit to a background check? Yes No

Have you ever been convicted of a felony or other crime? Yes No

Responding Yes does not automatically disqualify you from volunteering. If you answered Yes, please explain the circumstances:

COMMENTS

Please continue to complete the application on back of this page >>>

DISCLOSURE

"I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, falsified statements and omissions on this application shall be grounds for disqualification or if employed, dismissal. I authorize investigation of all statements contained herein, the references given, and a criminal background check.

I release the municipality from all liability for any damage that may result from utilization of such information. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the (ADA) Americans with Disabilities Act and other relevant federal and state laws".

Applicant's Signature

Date

APPLICANT - DO NOT WRITE BELOW THIS LINE

RESULTS OF REFERENCE CHECK AND BACKGROUND CHECK:	
Background Check By _____	Date _____
Reference Checks By _____	Date _____
Remarks	
Remarks	
Remarks	
Remarks	

APPROVED:

Town Manager

Chairman/Board of Selectmen