



CITY OF BANGOR
PARKS & RECREATION

VOLUNTEER INFORMATION FORM

Printing and Completion of ALL information is REQUIRED

DATE: _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

MAIDEN/PREVIOUS MARRIED NAME: _____ DATE OF BIRTH: ____/____/____

HOME ADDRESS: _____ HOME PHONE: _____

CELL PHONE: _____

Have you volunteered with the City of Bangor before? Yes No If so, when: _____

What program would you like to volunteer for? _____ / _____

Do you have any of the following certificates: CPR First Aid Coaching

E-MAIL ADDRESS: _____

Were you ever convicted by a court of an offence other than a traffic violation? Yes No

If yes, give details & year: _____

Please list 2 personal references we may contact (other than family):

NAME _____ PHONE _____ BUSINESS/PROFESSION _____

NAME _____ PHONE _____ BUSINESS/PROFESSION _____

PRESENT EMPLOYER: _____ PHONE: _____

ADDRESS _____

Yes, it is OK to call me at work No, I cannot take calls at work.

I, _____ authorize and give consent for the City of Bangor Parks and Recreation Department to gather additional information about myself which may include but not limited to the above information, criminal background information, past coaching experiences, or driver's license information.

I authorize this information to be obtained in writing or by telephone.

Printed Name: _____ Date: _____

Signature: _____