



VOLUNTEER APPLICATION

**Please return completed application to:
Buxton Recreation Department, 185 Portland Road, Buxton ME 04093**

Please call Buxton Recreation at 207-929-8381 with any questions.

Name: _____

Address: _____

Call Phone: _____ Home Phone: _____ Work Phone: _____

Employer & Address: _____

Activity and Grade of the program you would like to volunteer for: _____

REFERENCES

NAME	ADDRESS	PHONE	OFFICIAL POSITION

EDUCATION

High School / College	No. of Years	Degree

Do you have any training/certification in First Aid? Yes _____ No _____

Do you have any training/certification in CPR? Yes _____ No _____

What skills do you have that would aid you in having a successful experience as a Buxton Recreation Volunteer?

I certify that all information provided on this application is true and correct. I understand that the information I have provided may be verified by contact with persons or organizations named in this application with persons or organizations that possess information concerning me. I hereby agree to defend, indemnify and hold harmless the Town of Buxton, its agents, officers, employees, volunteers and others who provide information in connection with this application from liability for any information provided in good faith regarding this application or the information contained in the application.

Applicant Signature: _____ Date: _____