

Availability

Days & Hours Available:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

References

Please provide two references we can contact who are not related to you (please provide all information):

1. Name: _____ Relationship: _____
Address: _____
Home Phone: _____ Work or Cell Phone: _____
Email: _____

2. Name: _____ Relationship: _____
Address: _____
Home Phone: _____ Work or Cell Phone: _____
Email: _____

Applicant's Statement

Have you ever been convicted of a crime? _____ If yes, please explain: _____

If the court has ordered community service, please supply the following information:

of hours: _____ Deadline date: _____ Infraction: _____

Contact Person/Court Official: _____
Name Phone

I understand that the references listed above will be contacted. I consent to the release of all relevant information concerning my ability and fitness to work as a volunteer for the Town of West Hartford. I certify that the information given herein is true and complete to the best of my knowledge. I understand that this information will be held in confidence and not released to any other person or agency.

I understand that depending upon the type of volunteer service, I may be asked to grant permission for one or more of the following:

1. A local, state and/or federal criminal background check
2. A Department of Motor Vehicle driving record
3. A copy of current automobile registration and meet department's minimum liability limits.

Signature

Date

Qualified volunteer applicants are considered without regard to race, color, religion, national origin, sex, age, sexual orientation, marital status, citizenship, veterans status or the presence of non-job related medical condition or disability.