



TOWN OF NORRIDGEWOCK VOLUNTEER APPLICATION

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The Town of Norridgewock maintains a list of residents who are interested in serving on various boards and committees. For this purpose, the Select Board invites residents and/or interested parties to complete an application.

NAME

PHYSICAL ADDRESS

MAILING ADDRESS (if different)

HOME PHONE

CELL PHONE

EMAIL ADDRESS

EMPLOYER/LOCATION

Please indicate any special qualifications or experience that you think may be helpful in consideration of your choice of board or committee:

PLEASE CHECK ITEMS OF INTEREST

- | | | |
|---|---|--|
| <input type="checkbox"/> Airport Advisory | <input type="checkbox"/> Library Programs | <input type="checkbox"/> Roads Committee |
| <input type="checkbox"/> Appeals Board | <input type="checkbox"/> Library Trustee | <input type="checkbox"/> School Board Director |
| <input type="checkbox"/> Budget Committee | <input type="checkbox"/> Parks Committee | <input type="checkbox"/> Sewer Commission |
| <input type="checkbox"/> Cemetery Committee | <input type="checkbox"/> Planning Board | <input type="checkbox"/> TIF Committee/ED |
| <input type="checkbox"/> FirstPark Representative | <input type="checkbox"/> Recreation Committee | <input type="checkbox"/> Water District |
| <input type="checkbox"/> KVCOG Representative | <input type="checkbox"/> Recreation Volunteer | <input type="checkbox"/> Other _____ |

If appointed, can we share your contact information with other Town of Norridgewock groups or committees?

☐ Yes

☐ No

If so, what can we share? Check all that apply.

☐ Name

☐ Address

☐ Email

☐ Home Phone

☐ Cell Phone

BACKGROUND INVESTIGATION AUTHORIZATION

On January 20, 2010, the Select Board voted to have background checks performed on any individual 18 years of age or older who are involved in Town programs. The form below will be required before you are fully appointed to a position. **This form may be completed after an appointment has been made.**

I, _____, understand that in order to assess my qualifications for the appointed position, a full background is necessary. I, therefore, authorize the Town of Norridgewock, Maine, to conduct an investigation which may include but not be limited to verification of information provided by me to the Town of Norridgewock; a financial management check; contacting persons, institutions, government, and law enforcement agencies for character references and record history information; contacting employers for performance information; and verifying educational attainment.

I hereby authorize all my present and previous employers or references to furnish information concerning my personal character, habits, and/or employment performance. I also authorize schools that I have attended to provide verification of educational attainment and other relevant information.

If applicable, please list your maiden name and/or any previous name(s) you have used or may have been known by:

SIGNATURE

DATE