



Volunteers, Coaches & Instructors

Thank you for your interest in becoming a volunteer, coach or instructor with the
City of Portland Parks, Recreation & Facilities Department

All fields are required

Contact Information

Full Name: _____ Date of Birth: _____

Phone Number: _____ Email: _____

Address: _____ City: _____ State: _____ ZIP: _____

Emergency Contact _____ Relationship: _____

Emergency Contact Phone: _____

Availability

Days Available (check all that apply):

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Preferred Time(s):

☐ Morning ☐ Afternoon ☐ Evening

Interests

Type of work you are interested in:

Relevant skills, experience, or certifications:

Why do you want to volunteer/coach/instruct with us?

Are you seeking volunteer/coaching/instruction hours for:

☐ School ☐ Community Service ☐ Other: _____

Do you have any physical limitations or health concerns we should be aware of?

☐ Yes ☐ No

If yes, please explain:

Have you ever been convicted of a felony? ☐ Yes ☐ No

Volunteers/coaches/instructors with the Portland Parks, Recreation & Facilities Department are subject to a criminal background check

References

Please provide at least two references (non-family) who can speak to your character:

Name: _____ Relationship: _____

Phone: _____ Email (optional): _____

May we contact this person? ☐ Yes ☐ No

Name: _____ Relationship: _____

Phone: _____ Email (optional): _____

May we contact this person? ☐ Yes ☐ No

Acknowledgement & Signature

By signing below, I confirm that the information provided is accurate and complete.

Signature: _____ Date: _____



RELEASE, ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS

City of Portland, Maine

I (print name), _____, hereby request that I be permitted to assist the City of Portland Parks, Recreation & Facilities Department as a volunteer, coach or instructor.

I am aware that the Activity may subject me to risk of injury. I fully understand and agree that the City of Portland, its agents, officers, and employees accept no responsibility and will not be liable for any injury, harm, or damage to me personally or my property occurring during, or arising out of, or in connection with, the Activity.

To the fullest extent permitted by law, I do hereby agree to assume all risk of injury, harm, or damage to me or my property (including but not limited to all risks of injury, harm or damage to me or my property caused by the negligence of the City of Portland, its agents, officers or employees) arising during or in connection with the Activity. I do hereby release and agree to indemnify and hold harmless the City of Portland, its agents, officers, and employees from any and all liability, actions, damages, and claims of any kind and nature whatsoever (including but not limited to liability, actions, damages, and claims caused by or arising from the negligence of the City of Portland, its agents, officers, or employees) for injury, harm or damage to me or my property that may arise or occur during or in connection with said Activity.

And further, I hereby give my permission for emergency medical treatment in case I am unable to consent and the contact above cannot be reached.

Signature (Parent/Legal Guardian if minor)

Print Name

Date

Witness Signature



BACKGROUND INVESTIGATION CONSENT

I, _____, hereby authorize the City of Portland and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal or police records, for the purpose of confirming the information contained on my application and/or obtaining information which may be material to my qualifications for employment as a volunteer or paid instructor for the City of Portland.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Please Print Clearly

First Name

Middle Name

Last Name

Maiden name or other names

Date of Birth

Signature

Date

FOR OFFICE USE ONLY

Application verified and approved (yes or no): _____

Supervisor's Name: _____ Division: _____

Supervisor's Signature: _____

Date ____ / ____ / ____