

Town of Lincoln

Volunteer Application

Submission of this form requires a fully approved Background Investigation

Volunteer Position(s) Applied For

Date of Application

Last Name

First Name

Middle Initial

Address

Town

State

Zip Code

Telephone Number(s)

Social Security Number

Were you ever employed by the Town of Lincoln

Yes

No

If yes, when:

Have you ever volunteered before?

Yes

No

Is this application for a Community Service Project?

Yes

No

Are you currently employed?

Yes

No

May we contact your present employer?

Yes

No

On what date would you be available to begin?

Have you been convicted of a felony within the last 7 yrs?

Yes

No

Conviction will not necessarily disqualify an applicant from volunteering.

If yes, please explain:

References

1. Name: Phone: ()

Address:

2. Name: Phone: ()

Address:

Building A Stronger Community Through Partnerships

Rev. 01/01/2025

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Additional Information

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Please describe any activity or job which you wouldn't be interested in volunteering for.

I hereby affirm that the information on this application is true and authorize hiring personnel to contact the references listed.

Applicant Signature

Date

Drivers License Number

Date of Birth