

Name	
Social Security Number	
Date of Birth	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Current Place of Employment	
Previous Employer (If above is less than 3 years)	
Education	
Experience Relevant to Coaching:	

___ Assistant Girl's ___ Head Girl's
 ___ Assistant Boy's ___ Head Boy's
 A, B, or C Level _____ Your Child is Trying out; _____ Yes _____ No
 A(6th Grade) B(Mixed)
 C(5th Grade) Child's Name _____

Summarize special skills and qualifications you have acquired from Coaching, Playing, or through other Classes, Education, etc.

Previous Volunteer Experience

Summarize your previous volunteer experiences.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

References

Name	
Street Address, Town	
Phone	
Name	
Street Address, Town	
Phone	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us, please return this form to either:

Pam LeDuc, Topsham Parks & Recreation, 100 Main Street, Topsham 04086, pleduc@topshammaine.com

This application needs to be received by October 20, 2026