

TOWN OF CONWAY

P.O. Box 2680 Conway, New Hampshire 03818

(603) 447-3811 www.comwaynh.org

VOLUNTEER FORM CHECKLIST

Nam	e:		
	Volunteer Application is co	mplete and dated for:	
	References: Applicants signed to give permission to check references References were checked		
	Confidentiality Statement is signed and notarized		
	Immunity Statement is signed		
	Policy manual / rules reviewed with individual		
	Date	Supervisor Signature	
Date		Print Name	
Date		Volunteer Signature	
 Date		Print name	