Volunteer Application

Phone: (207) 468-5673 **Email:ecsmith@sweetser.org**

Equal access to programs, services and volunteer services is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Advancement Department.

Date of Application **Email Address**

Last Name **First Name** **Middle Name**

Street **City** **State** **Zip Code**

Home or Work Phone Number **Cell Phone Number**

Criminal History

In the past ten (10) years, have you been convicted of a misdemeanor? ☐ Yes ☐ No If yes, please describe

In the past ten (10) years, have you been convicted of a felony? ☐ Yes ☐ No If yes, please describe

ANSWERING "YES" TO ANY OF THE QUESTIONS ABOVE DOES NOT CONSTITUTE AN AUTOMATIC BAR TO VOLUNTEER PLACEMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

FAILURE TO DISCLOSE ALL MISDEMEANORS AND/OR FELONIES WILL RESULT IN 'DENIAL OF APPLICATION'.

References – Please provide COMPLETE information (no relatives) Letters of recommendation may be substituted as references.

Name	Relationship	Telephone number	Email Address	Number of years known
		(_____) _____-_____ Ext._____		
		(_____) _____-_____ Ext._____		
		(_____) _____-_____ Ext._____		

Education Background:

Skills & Other Special Trainings:

Hobbies & Interests:

Previous Employment Experience:

Previous Volunteer Experience:

What is your reason for volunteering?

Do you need any special accommodations to volunteer at Sweetser?

How did you hear about us?

Availability ☐ **Mon** ☐ **Tues** ☐ **Wed** ☐ **Thurs** ☐ **Fri** ☐ **Sat** ☐ **Sun and** ☐ **Days** ☐ **Evenings**

Other Availability:

Please list any out-of-state address(es) you had over the past ten (10) years. If you resided in a location outside of Maine, you will be provided an Edge Information Release form to complete.

PREVIOUS OUT OF STATE ADDRESS(ES)

Street	City	State	Zip Code
Street	**City**	**State**	**Zip Code**
Street	**City**	**State**	**Zip Code**

Volunteer Statement

I understand that willfully making false statements on this application will be sufficient cause for non-placement of volunteer service and/or grounds for immediate dismissal.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents, to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions. This may include the Office of Inspector General, Maine Exclusion and System Award Management websites, State and Federal Bureaus of Identification criminal background checks, Child Protective Search through the State of Maine Department of Human Services, driving record check through the Division of Motor Vehicles from any state and to otherwise verify the accuracy of all information provided by me in this application. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the intern placement process, and all other persons, corporations, or organizations for furnishing such information about me.

Information Release Consent

Pursuant to 22 MRSA, Subtitle 6 (Facilities for Children and Adults), I hereby give my informed consent for the State and Federal Bureaus of Identification to provide Sweetser with a copy of my criminal history record information. I authorize Sweetser to perform a Child Protective Search through the State of Maine Department of Human Services. I authorize Sweetser to conduct a check of my driving record through the Maine State Division of Motor Vehicles or any other State's Division of Motor Vehicles. I authorize Sweetser, on my behalf, to conduct a search of the following databases: the Office of Inspector General, Maine Exclusion, and the System for Award Management websites.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE VOLUNTEER STATEMENT

I certify that I have read, fully understand, and accept all terms of the foregoing Volunteer Statement and Information Release Consent.

Date

Volunteer Signature (my typed name shall have the same force and effect as my written signature)