

Assignment Office Use only

Department _____

Placement _____

Date: ___/___/___ to ___/___/___



Volunteer Application

Date

Birthdate

Name

Phone

Email:

Mailing Address:

Occupation:

Emergency contact

Emergency Contact Phone

Please check any volunteer positions that may interest you.

Meals on Wheels___ **Livermore Distribution Center** ___ **Lewiston Kitchen**___

Lunchplus Café___ (Assisting at a senior dining site)

Office Support Livermore___ **Office Support Lewiston**___

Special Projects___ **On Call**___ **Tax & Rent Rebate Assistant**___

Other positions available. We will discuss in depth at interview

How did you hear about our volunteer program?

Past volunteer experience:

Do you have any restrictions that would limit the type of work you can do?

When are you available to volunteer?

What locations/towns?

Can you use your vehicle to do volunteer work?

Insurance Company Information

REFERENCES:

Please list two character references **(other than relatives)** with contact information.

Name:

Phone

Email

Name:

Phone

Email

Have you ever been convicted of a crime?

If yes please explain

Please list any other state you have lived in:

Background checks are done on all prospective volunteers.

I give permission for SeniorsPlus to contact the above references.

I understand a criminal background check will be done.

To my knowledge I have given accurate information on this application.

Signature

Date

List any names by which you have been known if different from present time:

Driver's License #

State of Issue

(Proof of registration & insurance will be requested at interview for driving placement)

Criminal Background Check		
DMV Background Check		

A photocopy of this application and authorization shall be deemed as valid as the original and will remain in effect for a period of two years from the date written above.

Please return this form to: Coordinator of Volunteer Services

8 Falcon Rd

SeniorsPlus

Lewiston, ME 04240