



Placement _____

Volunteer Application

Date: _____

Name: _____

Email: _____

Mailing Address: _____ Phone (H): _____

_____ Phone (W): _____

Occupation: _____ Cell phone: _____

Birthdate _____ / _____ / _____

Contact Person: _____ Relationship _____ Phone _____

Past volunteer experience:

VOLUNTEER OPPORTUNITIES. Please refer to the enclosed list of volunteer positions. What volunteer positions interest you?

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

When are you available to volunteer? _____

LOCATION:

I prefer to work in a specific geographic area: _____ Yes _____ No, it doesn't matter.

Please list preferred locations:

TRANSPORTATION: Can you use your vehicle to do volunteer work? ___ Yes ___ No

Is your car insured? _____ Yes _____ No

Insurance Company

Address _____ Policy # _____

REFERENCES:

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

Name: _____

Email: _____

Address: _____ Phone: _____

Name: _____

Email: _____

Address: _____ Phone: _____

How did you hear about our volunteer program?

Have you ever been convicted of a crime?

CONSUMER REPORT AUTHORIZATION FORM FOR VOLUNTEERS

I hereby acknowledge that I have received, read and understand the Consumer Report Disclosure Form, and I acknowledge that I wish to be considered for volunteer opportunities with SeniorsPlus. I further acknowledge that I have received a summary of my rights under the Fair Credit Reporting Act. I understand and agree that the Consumer Report Disclosure Form and Consumer Report Authorization Form do not constitute an agreement with respect to the terms of my volunteer activities, nor shall they in any way obligate SeniorsPlus to retain my services as a volunteer or otherwise restrict SeniorsPlus' right to terminate my volunteer activities. I hereby authorize SeniorsPlus and/or its designee to obtain a Consumer Report (as defined in the Consumer Report Disclosure Form) regarding me now, and at any time while I am volunteering with SeniorsPlus, and I hereby authorize the release of any such information to SeniorsPlus and/or its designee. I hereby release and agree to hold harmless SeniorsPlus and its employees, partners, agents, successors and assigns, from any and all liability, claims or damages that may directly or indirectly result from the solicitation, use, disclosure or release of any of the above referenced information. I also authorize any individuals, criminal investigation bureaus and any other entities that may possess information regarding me or that may be custodians of records relating to me, to release all information requested, and I hereby release and agree to hold harmless those sources from liability for doing so.

I authorize that a photocopy of this Consumer Report Authorization Form shall be deemed as valid as the original.

Signature

Date

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

Driver's License # (only if applying for driving placement)

State of Issue

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: Volunteer Manager
SeniorsPlus
PO Box 659
Lewiston, ME 04243-0659

