

CATHOLIC CHARITIES MAINE VOLUNTEER APPLICATION FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: (HOME) _____ (WORK) _____ E-MAIL: _____

CONTACT IN EMERGENCY: _____ PHONE: _____

I. SKILLS AND INTEREST

A. EDUCATION BACKGROUND: _____

B. CURRENT OCCUPATION: _____

C. HOBBIES, SKILLS, INTEREST: _____

D. PREVIOUS VOLUNTEER EXPERIENCE: _____

II. PREFERENCES IN VOLUNTEERING

A. IS THERE A PARTICULAR TYPE OF VOLUNTEER WORK IN WHICH YOU ARE INTERESTED? (PLEASE CHECK ALL THAT APPLY.)

- | | |
|---|--|
| <input type="checkbox"/> WORKING ONE-ON-ONE WITH A SINGLE CLIENT | <input type="checkbox"/> NO PREFERENCE |
| <input type="checkbox"/> WORKING DIRECTLY WITH A STAFF PERSON AS AN ASSISTANT | <input type="checkbox"/> PROVIDING SERVICE TO SEVERAL CLIENTS |
| <input type="checkbox"/> HELPING AROUND THE OFFICE IN GENERAL ADMINISTRATIVE DUTIES | <input type="checkbox"/> DOING PUBLIC SPEAKING FUNDRAISING, ETC. |
| <input type="checkbox"/> DOING RESEARCH, TRAINING OR AN INDIVIDUAL PROJECT | <input type="checkbox"/> WORKING OCCASIONALLY ON GROUP PROJECTS |
| <input type="checkbox"/> OTHER: _____ | |

B. IS THERE A PERSON OR GROUP WITH WHOM YOU ARE PARTICULARLY INTERESTED IN WORKING? (CHECK ALL THAT APPLY.)

- | | | | |
|--|---|---------------------------------------|--------------------------------|
| <input type="checkbox"/> NO PREFERENCE | <input type="checkbox"/> ADULTS | <input type="checkbox"/> SENIORS | <input type="checkbox"/> TEENS |
| <input type="checkbox"/> CHILDREN | <input type="checkbox"/> PEOPLE WITH DISABILITIES | <input type="checkbox"/> AGENCY STAFF | <input type="checkbox"/> MALES |
| <input type="checkbox"/> FEMALES | <input type="checkbox"/> OTHER: _____ | | |

C. ARE THERE ANY GROUPS WITH WHICH YOU WOULD NOT FEEL COMFORTABLE WORKING?

- NO YES (PLEASE EXPLAIN) _____

III. AVAILABILITY

A. AT WHAT TIMES ARE YOU INTERESTED IN VOLUNTEERING? AM FLEXIBLE PREFER WEEKDAYS
 PREFER EVENINGS PREFER WEEKENDS PREFER DAYS OTHER

B. DO YOU HAVE A GEOGRAPHIC PREFERENCE AS TO WHERE YOU DO VOLUNTEER WORK?

NO YES: _____

C. DO YOU HAVE ACCESS TO AN AUTOMOBILE YOU CAN USE FOR VOLUNTEER WORK?

YES NO OTHER TRANSPORTATION: _____

IV. BACKGROUND VERIFICATION

A. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?

YES NO

B. HAVE YOU EVER BEEN CONVICTED OF NEGLECT, ABUSE, OR ASSAULT?

YES NO

C. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED IN ANY STATE?

YES NO

D. DO YOU USE ILLEGAL DRUGS?

YES NO

E. ARE THERE ANY KINDS OF VOLUNTEER WORK YOU ARE INTERESTED IN, BUT NOT ABLE TO PHYSICALLY PERFORM?

YES NO

F. HOW DID YOU HEAR ABOUT US?

G. PLEASE LIST THREE NON-FAMILY REFERENCES WHOM WE MAY CONTACT:

1. NAME _____ ADDRESS _____ PHONE _____

2. NAME _____ ADDRESS _____ PHONE _____

3. NAME _____ ADDRESS _____ PHONE _____

I HEREBY GIVE CATHOLIC CHARITIES MAINE PERMISSION TO CONTACT THE ABOVE GIVEN REFERENCES FOR THE PURPOSE OF OBTAINING INFORMATION ABOUT THE SUITABILITY OF MY BEING A VOLUNTEER FOR THE AGENCY.

SIGNED _____ DATE _____

* * * * *

FOR THOSE UNDER THE AGE OF 18, PARENTAL OR GUARDIAN PERMISSION IS REQUIRED. REFERENCES FOR THOSE UNDER 18 MUST BE ADULTS WHO HAVE KNOWN THEM AT LEAST A YEAR.

I, AS THE PARENT OR GUARDIAN OF THE ABOVE MINOR, GIVE PERMISSION FOR HIM/HER TO BE A VOLUNTEER FOR CATHOLIC CHARITIES MAINE.

SIGNATURE OF PARENT OR GUARDIAN

DATE

AUTHORIZATION FOR VOLUNTEER SERVICES BACKGROUND CHECK, INCLUDING
CONSUMER REPORTS

I understand that (a) in evaluating my application for volunteer services, and (b) thereafter, as a condition of volunteering, CATHOLIC CHARITIES MAINE, in its sole discretion, may from time to time procure or have prepared consumer reports about me, including, but not limited to, driving record reports and background checks with the Maine Department of Human Services. I consent to and hereby authorize the Agency to obtain consumer reports.

I also authorize CATHOLIC CHARITIES MAINE to procure an investigative consumer report, such as, but not limited to, a review of court records about me prepared by a private investigator, in connection with my application for volunteer services and from time to time thereafter in connection with my volunteering. I understand that this report may contain information about my background, character, general reputation, mode of living, credit worthiness and volunteer services. I also understand that, upon written request and within five (5) days after receipt of my request, I am entitled to complete and accurate disclosure concerning the nature and scope of this investigation.

In the event I am offered a volunteer position prior to the completion of the aforementioned reports, I realize that continued volunteering is contingent upon favorable results of such reports. Should unfavorable information be developed, I realize my volunteer service is subject to termination.

I authorize all persons, schools, companies, corporations, law enforcement agencies and other government agencies to release information to CATHOLIC CHARITIES MAINE and to any investigator or agent hired by them, without restriction or qualification. This authorization includes, but is not limited to, matters of opinion relating to character, ability, reputation and past performance.

I acknowledge receipt of a copy of the Notice of Consumer Report for Volunteer Purposes attached as Exhibit A.

PRINT NAME: _____
DOB: _____ SSN: _____
CURRENT ADDRESS: _____

Drivers Lic. No. _____ State _____
Signature _____ Date _____

LIST ADDRESSES IN STATES IN WHICH YOU HAVE PREVIOUSLY LIVED IN FOR THE LAST TEN YEARS:

Street _____
City/Town _____ State _____ Zip _____ How Long? _____

Street _____
City/Town _____ State _____ Zip _____ How Long? _____

Street _____
City/Town _____ State _____ Zip _____ How Long? _____

PLEASE COMPLETE AND RETURN

Exhibit A

NOTICE OF CONSUMER REPORT FOR VOUNTEER PURPOSES

NOTICE: CATHOLIC CHARITIES MAINE WILL OBTAIN A CONSUMER REPORT IN CONNECTION WITH YOUR APPLICATION FOR VOLUNTEERING. CATHOLIC CHARITIES MAINE MAY OBTAIN CONSUMER REPORTS ABOUT YOU FROM TIME TO TIME IN CONNECTION WITH YOUR VOLUNTEERING.

PLEASE NOTE: Catholic Charities Maine only requests the following information:

- **Maine Driving and Accident Record**
- **District Court Convictions**
- **Department of Human Services (DHS)**

WE DO NOT REQUEST CREDIT REPORTS

**Human Resources Director
Catholic Charities Maine**