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VOLUNTEER APPLICATION

Qualified applicants are considered for volunteer positions without regard to: race, color, religion, sex, sexual orientation, age, physical or mental disability, genetic information, religion, ancestry or national origin, marital status, genetic information, an individual's previous assertion of a claim or right against a prior employer under the Workers' Compensation Act, previous actions taken that are protected under the Whistleblowers' Protection Act, or being a veteran of the Vietnam era, special disabled, recently separated and other protected veteran.

(Please answer all questions - please print legibly or type)

Date of Application:_____

Type of Work Desired:_____

Desired Location (if any):_____

Name:_____

Street Address:_____ Phone Number:_____

City/State/Zip Code:_____

Email Address:_____

Please indicate your availability by marking days available for volunteering and writing in times available:

☐ Sunday _____ ☐ Monday _____ ☐ Tuesday _____ ☐ Wednesday _____

☐ Thursday _____ ☐ Friday _____ ☐ Saturday _____

Are you 18 years of age or older? ☐ Yes ☐ No

Have you ever worked for this agency before? ☐ Yes ☐ No If yes, where?_____

Dates: From: _____ To:_____ Position held: _____

How did you hear about us?_____

Date available for volunteer work?_____

Have you ever been the subject of a child or adult abuse investigation? ☐ Yes ☐ No

If yes, please give details:_____

Have you **ever** been convicted of a crime? (includes felony, misdemeanor, OUI) ☐ Yes ☐ No

If yes, please explain:_____

Specialized training or skills:_____

PROFESSIONAL REFERENCES:

Name:	Telephone:	Relationship:
_____	_____	_____
_____	_____	_____
_____	_____	_____

~ Volunteer Applicant Statement ~

I certify that the information contained in this application is correct and complete to the best of my knowledge and belief. I authorize UCP of Maine to verify all statements contained in this application and to make any necessary volunteer related reference checks.

I authorize the employers, supervisors, and references provided or discovered during my application process to give UCP of Maine any and all information concerning my previous employment and/or volunteer experiences and any pertinent information they might have, personal or otherwise and release all parties from all liability for any damage or injury that may result from furnishing same to UCP of Maine.

I hereby understand and acknowledge that any volunteer relationship with this organization may be terminated verbally at any time by myself of UCP without notice.

In the event of volunteering, I understand that false or misleading information given in my application or interview(s), either written or verbal, may result in the ending of my volunteer status. I understand, also, that I am required to abide by all rules and regulations of the Employer.

I understand that my ability to volunteer may be conditioned on the results of background checks.

I have read, understand and agree to the above applicant statement.

_____ _____

Signature of Applicant Date

_____

Print Name