



Volunteer Application

Name: _____ **Date:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: (home) _____ **Phone: (work)** _____

Email: _____ **Phone:** _____

Emergency Contact: _____

Current Employer & Position: _____

Highest Education Level Completed: _____

Please list any previous volunteering experiences: _____

How did you hear about volunteering with Catholic Charities Maine? _____

Why are you currently seeking a volunteer opportunity with Catholic Charities Maine? _____

Are you affiliated with another agency to fulfill a requirement? (such as FEDCAP, REEMPLOYABILITY, Learning Works, VISTA, etc.) YES NO If yes, which one: _____

Are you applying for a specific volunteer opportunity? (currently found on our website) YES NO

If yes, which one: _____

If no, please review the current opportunities at www.ccmaine.org

Please list any specific skills (administrative, driving, marketing, outreach, retail, technology, etc.) which you would like to use in a volunteer position: _____

Please indicate your volunteering availability: SUN MON TUES WEDS THURS FRI SAT

(mornings / afternoons / evenings) _____

Do you have a geographic preference as to where you volunteer? _____

Do you have access to a vehicle that you could use for volunteer work? YES NO



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Have you ever been convicted of a crime or plead guilty, or nolo contendere?

YES

NO

If yes, please explain: _____

Please list 3 non-family references whom we may contact:

Name: _____ Address: _____

Phone: _____ Email: _____

Name: _____ Address: _____

Phone: _____ Email: _____

Name: _____ Address: _____

Phone: _____ Email: _____

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.

Signature: _____ 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.

Parent Signature: _____ Date: _____

Please Note: All volunteers will go through a background and reference check.

Catholic Charities Maine pays the fee to process the background check.