

spurwink services

Volunteer Services Application

Date: _____

Name: _____ Are you at least 18-years old: _____

Address: _____ Home Phone: _____

City/State/Zip: _____ e-mail: _____

Cell Phone: _____ Best Way to Reach You: _____

Type of volunteer experience desired: _____

What is your reason for volunteering? _____

Availability to Volunteer:

M T W Th F Sa Su Days _____ Eves _____

Other: _____

How did you hear about us? _____

Volunteer experience, if any: _____

Hobbies/Interests/Skills/Special Training: _____

Have you ever pled guilty to or been convicted of a crime including felonies, misdemeanors, or violations and/or are there currently any charges pending against you?

____ Yes ____ No

If yes, please explain: _____

I understand that Spurwink Services is required by licensing regulations to conduct criminal records checks (State Bureau of Identification check), Child Protective Checks and possibly a Federal fingerprint checks on all new volunteers; and, that if I am placed prior to the results of these checks being obtained, continuation of my placement will be contingent upon the favorable outcome of said checks.

____ Yes ____ No

Please continue on page two...

I understand that I will need to take a PPD test before beginning my volunteer placement to ensure that I am free from communicable/contagious disease.

Yes____ No____

References:

Name: _____ Relationship: _____

Address: _____

City/State/Zip: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____

City/State/Zip: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____

City/State/Zip: _____ Phone: _____

Person to contact in case of an emergency:

Name: _____ Relationship: _____

Address: _____

City/State/Zip: _____ Phone: _____

Please return this form to:

**Spurwink Services
Attn: Volunteer Coordinator
899 Riverside Street
Portland, ME 04103
(207) 871-1200**

Thank you for your interest in volunteering at Spurwink!