



Office Use Only:  
 Department: \_\_\_\_\_  
 Assignment: \_\_\_\_\_  
 Date: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

## Volunteer Application

### Contact Information

Name First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Primary Phone Number (207) \_\_\_\_\_ Other Phone Number (207) \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_  
 Best method and time to reach you: \_\_\_\_\_  
 Emergency contact person name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Emergency Phone Number (207) \_\_\_\_\_ Other Phone (207) \_\_\_\_\_

### Applicant Information

1. Do you speak any languages other than English? Please list language(s):  
 \_\_\_\_\_

2. Please tell us about your past volunteer positions, including skills or experience which would be helpful for volunteer opportunities with SeniorsPlus:  
 \_\_\_\_\_

3. Do you have any restrictions that may affect your ability to volunteer, or do you require any special accommodations that SeniorsPlus should be aware of? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe:  
 \_\_\_\_\_

4. Do you have reliable transportation? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you able to use your vehicle for volunteer work? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list Insurance Company and Policy Number:  
 \_\_\_\_\_

Insurance Company Address:  
 \_\_\_\_\_

5. How did you learn about the volunteer program?  
 \_\_\_\_\_

6. Please tell us why you are interested in volunteering.  
 \_\_\_\_\_

7. Please indicate below the days and times that you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

Locations/towns where you prefer to volunteer:

Please check any volunteer positions that may interest you:

Meals on Wheels	Livermore Distribution Center	Lewiston Kitchen
Office Support	Money Minders	Data Entry or Clerical Admin
Special Projects	Wellness Class Presenter	Medicare Advocate
Lunchplus Café (assisting at a senior dining site)		Meeting Facilitator
Other (explain):		

Other positions may be available and will be discussed during interview.

### References

Please provide three references, including at least one professional or work reference, that are not related to you and who we may contact to ask about your qualifications (if the reference is a supervisor or co-worker, please note the organization for which she or he works).

A.

Name (first, last):
Phone number: ( ) How long known?
Relationship:

B.

Name (first, last):
Phone number: ( ) How long known?
Relationship:

C.

Name (first, last):
Phone number: ( ) How long known?
Relationship:

**Please return completed form to:**

SeniorsPlus  
8 Falcon Road  
Lewiston, ME 04240  
Email: [VolunteerServices@seniorsplus.org](mailto:VolunteerServices@seniorsplus.org)  
Phone: 795-4010

## Authorization and Certification

Have you ever been convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No.

If yes, please explain:

Please list any other names you have been known by including maiden name or other names used:

Please list any other state(s) you have lived in (include dates lived there):

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**Maine State Criminal Background checks are done on all prospective volunteers.  
(Some positions may require additional checks and will be discussed with disclosure  
information provided.)**

I certify that the information I provided in this application is true, complete, and accurate to the best of my knowledge.

I understand that a Criminal Background check will be processed. Date of birth \_\_\_\_\_

Signature:	Date:
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**Office Use Only:**

Criminal Background Check \_\_\_\_\_ Date \_\_\_\_\_

DMV Check \_\_\_\_\_ Date \_\_\_\_\_

OIG \_\_\_\_\_ Date \_\_\_\_\_

Maine Excluded Providers \_\_\_\_\_ Date \_\_\_\_\_

Would you like to be added to the Seniorsplus email list? \_\_\_\_ Yes \_\_\_\_ No

Email \_\_\_\_\_