



**Office Use Only:**

Department: \_\_\_\_\_ Location: \_\_\_\_\_

Assignment: \_\_\_\_\_

Date: \_\_\_\_\_

## Volunteer Application

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Other Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name and Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

### Applicant Information

1. How did you hear about the volunteer opportunities?

\_\_\_\_\_  
\_\_\_\_\_

2. Please tell us why you are interested in volunteering:

\_\_\_\_\_  
\_\_\_\_\_

3. Please tell us about your past volunteer roles, including skills or experience which would be helpful for volunteer opportunities with SeniorsPlus:

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

5. 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:

\_\_\_\_\_  
\_\_\_\_\_

6. 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 name, address and policy number:

\_\_\_\_\_  
\_\_\_\_\_

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

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Please check any volunteer roles that may interest you:

<input type="checkbox"/> Meals on Wheels	<input type="checkbox"/> Livermore Distribution Center	<input type="checkbox"/> Lewiston Kitchen
<input type="checkbox"/> Office Support	<input type="checkbox"/> Data Entry or Clerical Administration	<input type="checkbox"/> Money Minders
<input type="checkbox"/> Medicare Advocate	<input type="checkbox"/> Wellness Class Presenter/Facilitator	<input type="checkbox"/> Social Dining Site Assist.
<input type="checkbox"/> Special Projects		
<input type="checkbox"/> Other, please list: _____		

9. Are there times or seasons when you are unable to volunteer? **If yes**, please specify:

\_\_\_\_\_

## References

Please provide three (3) references, including at least one (1) 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.

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ How long known? \_\_\_\_\_

Relationship/Organization: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ How long known? \_\_\_\_\_

Relationship/Organization: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ How long known? \_\_\_\_\_

Relationship/Organization: \_\_\_\_\_

## Please return completed form to:

SeniorsPlus  
 8 Falcon Road  
 Lewiston, ME 04240  
 Email: [VolunteerServices@seniorsplus.org](mailto:VolunteerServices@seniorsplus.org)  
 Phone: 207-795-4010

## Authorization and Certification

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

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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: \_\_\_\_\_

Would you like to be added to the SeniorsPlus email list?  Yes  No **If yes**, please list email:

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**Office Use Only:**

*Criminal Background Check – Date* \_\_\_\_\_

*DMV Check – Date* \_\_\_\_\_

*OIG – Date* \_\_\_\_\_

*Maine Excluded Providers – Date* \_\_\_\_\_

*Sex Offender Registry – Date* \_\_\_\_\_