

Home to Home

Application for Volunteer Service

Date: _____
Name: _____ Birthday (mo/day/yr) _____
Mailing Address: _____
Home Phone: _____ Work Phone: _____
Email address: _____

Have you ever been convicted by any law enforcement authority for law violations related to children? Yes ___ No ___ If yes, please explain offense, date and place:

Preferred day(s) of service: Friday pm: ___ Saturday pm: ___ Sunday am: ___
Sunday pm: ___ Wednesday pm: ___ Any: ___
Area of Volunteerism: Exchange Center ___ Fund Raising ___
Board ___ Administration ___

Are you willing to be a substitute at the Exchange Center? _____

Personal References (other than a relative):

1. Name _____ Relationship _____
Address _____ Phone: _____
2. Name _____ Relationship _____
Address _____ Phone: _____

Person to call in case of emergency:

Name _____ Relationship _____
Address _____ Phone: _____

As a volunteer for Home to Home, I understand that I will be required to complete training sessions. I understand that due to the sensitive nature of the services provided by Home to Home, all information pertaining to clients is **STRICTLY CONFIDENTIAL**.

I understand that I will be available to volunteer at the time I have agreed to, and if I cannot be available during those hours, I will find my own substitute, or notify the program coordinator in advance.

I am aware that Home to Home will perform a criminal records check on me (at no cost to me) and agree to submit to being fingerprinted (if asked) to assist with this criminal records check.

Signature: _____

Return application to: Home to Home
PO Box 263
Brunswick, ME 04011-0263
207-837-4894