

**HOPE ASSOCIATION**

85 LINCOLN AVENUE

RUMFORD, MAINE 04276

(207)364-4561 FAX (207) 369-0141

(Serving our community since 1956)

**APPLICATION FOR VOLUNTEERING**

**General Information**

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

Social Security #: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Have you ever been convicted of a crime? (This will be checked) ( ) Yes ( ) No

If yes, please explain: \_\_\_\_\_

Are there any felony charges pending against you? ( ) Yes ( ) No

If yes, please explain: \_\_\_\_\_

How many hours per week do you want to volunteer for?

What time periods work best for you? Days & times: M\_\_\_\_ T\_\_\_\_ W\_\_\_\_ T\_\_\_\_ F\_\_\_\_ S\_\_\_\_ S\_\_\_\_

What previous experience, if any, have you had with Hope Association? \_\_\_\_\_

What hobbies, skills, training, or knowledge do you have that will assist in volunteering? \_\_\_\_\_

Have you ever been employed by this organization before? ( ) Yes ( ) No

Dates – From: \_\_\_\_\_ to: \_\_\_\_\_

Are you above the age of 18? ( ) Yes ( ) No

High School Graduate or GED? ( ) Yes ( ) No

High School attended: \_\_\_\_\_

Current Employer/ Address \_\_\_\_\_

Telephone \_\_\_\_\_

Supervisor \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Background**

1. Do you have a valid Maine Driver's License? ( ) Yes (this will be checked) ( ) No

If no, please explain \_\_\_\_\_

2. Do you have automobile insurance? ( ) Yes ( ) No

If yes, would you be willing to furnish proof? ( ) Yes ( ) No

3. List any traffic violations or accidents in the last three years: \_\_\_\_\_

4. Are you a Certified Nurses Assistant? ( ) Yes ( ) No

5. Have you ever been a Certified Nurses Assistant ( ) Yes ( ) No

6. Are you a DSP? ( ) Yes ( ) No

**References** Please provide 3 references that are not related to you:

Name/Address \_\_\_\_\_

Telephone \_\_\_\_\_

(Name) \_\_\_\_\_

Years Known \_\_\_\_\_

( address) \_\_\_\_\_

Name/Address \_\_\_\_\_

Telephone \_\_\_\_\_

(Name) \_\_\_\_\_

Years Known \_\_\_\_\_

( address) \_\_\_\_\_

Name/Address \_\_\_\_\_

Telephone \_\_\_\_\_

(Name) \_\_\_\_\_

Years Known \_\_\_\_\_

( address) \_\_\_\_\_

Why are you interested in volunteering with Hope Association?

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What do you hope to gain from your experience at Hope Association?

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Please state your personal view or philosophy regarding people with developmental disabilities.

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Please read the following statements carefully as they constitute conditions for volunteering with Hope Association.

- The information that I have provided on this application and other application materials is accurate and true to the best of my knowledge. I understand that any misrepresentation or omission of fact on this application, resume, other application materials, or during the interview process may result in the refusal of this application, or immediate termination from HOPE ASSOCIATION as a volunteer.
- I agree to protect and not disclose confidential and proprietary information of HOPE ASSOCIATION, people served, or participants entrusted for services by HOPE ASSOCIATION, unless on a “need to know” basis.
- I understand that all individuals, staff of agencies, subcontractors and volunteers who provide residential, day, employment or other services to adults with intellectual disabilities or autism must report events that have or may have an adverse impact upon the safety, welfare, rights or dignity of adults with intellectual disabilities or autism and that there may be serious consequences for a mandated reporter who fails to report as required by local, state, or federal laws or rules.
- I understand that because HOPE ASSOCIATION wishes, among other things, to provide and maintain a safe and efficient working environment, HOPE ASSOCIATION will not accept persons who use illegal drugs and / or abuse alcohol or drugs, and that HOPE ASSOCIATION retains and may exercise the right to screen from volunteering such individuals.
- The persons, schools, current and prior employer (as approved in the Employment History section), and other organizations or employers named in this application and /or references provided by me, is authorized by me to verify the information I have given, and may provide any information they have regarding me, whether or not it is in their records, and to provide HOPE ASSOCIATION with information that may be requested to arrive at an acceptance decision. I am willing that a photocopy or facsimile of this authorization be accepted with the same authority as the original. I hereby waive and release all persons, schools, current and prior employers and other organizations from any liability arising from the disclosure of any information, whether in writing or orally. I also waive and release HOPE ASSOCIATION from any liability arising from reliance on the use, or retention of such information within the context of its applicant review procedures.
- If any above provision is rendered invalid or unenforceable, the balances of this agreement shall remain in effect and valid.
- I understand that my volunteering at Hope Association is contingent upon a state of Maine driving record check, CNA registry check, Maine criminal background check and proof of current vehicle insurance.
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APPLICANT SIGNATURE

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DATE