

VOLUNTEER APPLICATION

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

PERSONAL DATA:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

ARE YOU (please check one) Employed \_\_\_ Unemployed \_\_\_ Retired \_\_\_ College Student \_\_\_

Have you ever been employed by Franklin Community Health Network? Yes \_\_\_ No \_\_\_ Yr(s) \_\_\_\_\_

If yes, list department name: \_\_\_\_\_

How were you referred to us? (Please check one)

\_\_\_ Volunteer \_\_\_ Family or Friend \_\_\_ Employee \_\_\_ ASPIRE Program \_\_\_\_\_

\_\_\_ Auxiliary \_\_\_ School \_\_\_ Advertisement \_\_\_ Self referral

IN CASE OF EMERGENCY, CONTACT:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Work Phone: \_\_\_\_\_

SKILLS:

List any professional licenses or certifications you currently hold:

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

Please explain why you want to volunteer and what you hope to accomplish volunteering.

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

List your interests, skills and experience that may be useful as you volunteer.

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

AVAILABILITY:

When are you able to begin? \_\_\_\_\_ How many hours weekly would you like to volunteer? \_\_\_\_\_

FCHN requires a minimum of 100 hours of volunteer hours in the first year. Please indicate if this requirement will be acceptable.

YES \_\_\_ NO \_\_\_

What days and time do you prefer to volunteer? (Please check)

Sun \_\_\_ Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thu \_\_\_ Fri \_\_\_ Sat \_\_\_

Morning \_\_\_ Afternoon \_\_\_ Evening \_\_\_

Will you be away from your volunteering for extended periods of time? \_\_\_\_\_

How long do you expect to volunteer? (Please check)

\_\_\_ Less than 6 months \_\_\_ One year \_\_\_ Longer than one year \_\_\_ School year (Sep-Jun) \_\_\_ Summer (June – August)

**ADDITIONAL QUESTIONS:**

Have you ever been convicted of a crime or pled guilty, NOLO, or no contest? Yes\_\_\_ No\_\_\_ (Conviction of a crime does not necessarily disqualify the applicant from consideration. A crime includes the conviction of a Class A, Class B, Class C, Class D, or Class E crime in Maine, or a misdemeanor or felony in another state.)

If yes, please explain with dates and details:

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Is there a criminal action pending against you? Yes\_\_\_ No\_\_\_

If yes, please explain with dates and details:

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**REFERENCES**

**List 2 references (not relatives) familiar with your interests, skills, and abilities with people.**

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

How does this person know you? \_\_\_\_\_

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

How does this person know you? \_\_\_\_\_

FCHN provides volunteer opportunities to qualified applicants without regard to race, color, religion, sex, age, ancestry or national origin and mental or physical disability. No question on this application is intended to secure information to be used for discriminatory purposes.

Volunteer position offers are contingent upon:

1. Receipt of acceptable recommendations from references.
2. Completion of the Volunteer Health Screening and release, including TB screening and Rubella, Rubeola. Mumps and Chicken Pox immunizations (if needed).
3. Criminal background check

I understand that I will discuss with Volunteer Services all reasonable accommodations I may need in order to perform the duties required by the volunteer position I am offered.

\_\_\_ YES \_\_\_ NO

The information provided by me on this application is correct and complete to the best of my knowledge and belief. I understand that any false or misleading statements made on this application may result in refusal of my volunteer service. I authorize FCHN to verify any information in the application and to contact my references.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Date