



# Volunteer Application Form

Thank you for your interest in volunteering with the Kittery Community Center.

All volunteer applications are reviewed with consideration of current volunteer opportunities. Your completed form will be held securely and confidentially. Only authorized staff will have access to your information.

## Equal Opportunities

It is the policy of the Town of Kittery to provide equal opportunities without regard to race, color, gender, marital status, physical or mental disability, religion, age, ancestry, national origin, sexual orientation or any other basis protected by statute.

All volunteer recruitment decisions will be based on merit, suitability for the role and experience.

## Personal Information

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

Current Address: \_\_\_\_\_  
 Number and Street                                  City                                  State                                  Zip Code

Previous Address: \_\_\_\_\_  
 Number and Street                                  City                                  State                                  Zip Code

Phone: \_\_\_\_\_ (Alt. Phone) \_\_\_\_\_

E-Mail: \_\_\_\_\_

If you are involved with us as a volunteer and an emergency arises, whom should we contact?

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

Telephone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Are you 18 years of age or older? Yes  No

Have you ever been convicted of a crime? Yes  No   
 If yes, please explain: (conviction will not necessarily disqualify an applicant)

Have you had any motor vehicle violations in the past 3 years? Yes  No   
 If yes, please explain: (violations will not necessarily disqualify an applicant)

## Your Skills and Interests

1. Have you ever done any voluntary work before? Yes  No

If you answered yes, please tell us a little about the experience.

2. Why do you want to volunteer now? What has motivated you to get in touch with us?

3. Do you have any particular skills or qualities that you could use in your voluntary work?

4. Are you applying for a specific advertised volunteer opportunity? Yes  No

If yes, please indicate the volunteer opportunity: \_\_\_\_\_

5. What kind of voluntary work interests you?

- Concessions and Ticket sales for theatrical productions
- Eyes of the World Discovery Center
- Marketing
- SAFE Afterschool Program
- Senior Programming
- Special Events
- Sports
- Trips
- Youth and Family Programming
- Other

6. When are you available for voluntary work? \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

7. For how long do you intend to volunteer? \_\_\_\_\_

(Please note that some opportunities demand a minimum time commitment.)

8. How did you find out about volunteering with the Kittery Community Center?

- Information / Outreach meeting
- Kittery Community Center Website
- Town of Kittery Website
- Leaflet / Poster
- Word of Mouth
- Internet www. \_\_\_\_\_
- Other \_\_\_\_\_

## References

**1.**

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

Place of Work: \_\_\_\_\_ Position: \_\_\_\_\_  
(If applicable)

Telephone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

E-Mail: \_\_\_\_\_

**2.**

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

Place of Work: \_\_\_\_\_ Position: \_\_\_\_\_  
(If applicable)

Telephone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

E-Mail: \_\_\_\_\_

**3.**

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

Place of Work: \_\_\_\_\_ Position: \_\_\_\_\_  
(If applicable)

Telephone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Is there any additional information you would like to bring to our attention?

I understand that the purpose of this form is to provide individuals with a standard format by which they may apply for a volunteer opportunity with the Town of Kittery. I understand this application does not constitute an expressed or implied contract of any kind.

I understand my volunteer services are for no definite period and may be terminated at any time without previous notice.

I understand that as a volunteer, I will not be paid. I also understand that the Town of Kittery does not carry or maintain health, medical, disability or Workers' Compensation insurance coverage for any volunteer.

I understand I am subject to a thorough background check.

Public Law 91-508 requires that the Town of Kittery advise you that an investigative consumer report, which provides information concerning your character and general reputation, may be used in the processing of your application. Upon written request, information as to the nature and scope of this report, if one is requested, will be provided.

I hereby authorize the Town of Kittery and its representatives to make any legal investigation of my background/work history deemed necessary.

I hereby authorize my former employers, organizations to which I volunteered my services or personal references to give any information regarding my employment/volunteering with them; and in addition, to furnish any other information they may have concerning me.

The Town of Kittery is committed to standards of excellence in child protection practices. If your volunteer role may have direct contact with children, you will be required to complete a Maine State Criminal History Record Search, Maine State Motor Vehicle Record Search, Maine State Abuse and Neglect Records Check, and a full background screening.

I hereby certify that all of the information provided on this application form is truthful, accurate, and complete. I understand that any omission or misrepresentation of information requested/provided in this application may result in my disqualification from consideration or termination as a volunteer.

Printed Name \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

For office use only	Notes
Volunteer Position _____	
Volunteer Interview _____	
Volunteer Role Description Provided _____	
References Collected _____	
Background Check Successfully Completed _____	
Volunteer Start Date _____	