

Volunteer Supervisor \_\_\_\_\_

Center \_\_\_\_\_



PO Box 2589  
Augusta, ME 04338-2589

Prospective volunteers will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

### VOLUNTEER CORPS APPLICATION/QUESTIONNAIRE

Date: \_\_\_\_\_ Volunteer Start Date: \_\_\_\_\_

Full Name \_\_\_\_\_ Maiden/Other Name used \_\_\_\_\_

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

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

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_

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

Emergency contact: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Check off areas of interest:

- |   |  |
|---|--|
| <input type="checkbox"/> Computer Skills      | <input type="checkbox"/> Janitorial      |
| <input type="checkbox"/> Crafts               | <input type="checkbox"/> Special Events  |
| <input type="checkbox"/> Adult DayBreak       | <input type="checkbox"/> Meals on Wheels |
| <input type="checkbox"/> Clerical/Secretarial | <input type="checkbox"/> Activities      |
| <input type="checkbox"/> Customer Service     | <input type="checkbox"/> Other _____     |

Volunteer availability:

- |   |   |
|---|---|
| <input type="checkbox"/> Mornings _____ | <input type="checkbox"/> Afternoons _____ |
| <input type="checkbox"/> Evenings _____ | <input type="checkbox"/> Weekends _____   |

Days available: \_\_\_\_\_

Skills: Please list any skills, experiences, qualifications, or previous volunteer services, which will be of special benefit in the job which you want to volunteer for: \_\_\_\_\_

\_\_\_\_\_

Who referred you to SPECTRUM GENERATIONS Volunteer Corps? \_\_\_\_\_

\_\_\_\_\_

Why did you choose to volunteer for SPECTRUM GENERATIONS? \_\_\_\_\_

\_\_\_\_\_

Do you have access to reliable transportation for volunteer duties? Yes / No

Last place of employment: \_\_\_\_\_

Do you require any physical accommodation that should be considered when selecting a volunteer assignment? Please explain. \_\_\_\_\_  
\_\_\_\_\_

Language Ability:  speak,  read,  write  French  
(Please check all that apply)  speak,  read,  write  Spanish  
 speak,  read,  write  Russian

Please list 3 references (people who know you well, but are NOT related to you)

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

As an element of our Volunteer hiring process, SPECTRUM GENERATIONS does implement background checks.

Have you been convicted of any crimes in the past 20 years?

Yes  No If "Yes," describe in full.

\_\_\_\_\_

I hereby attest that the above information is true to the best of my knowledge.

\_\_\_\_\_

Signature of Volunteer

\_\_\_\_\_

Social Security #

\_\_\_\_\_

D.O.B.

By signing this document I give permission for Spectrum Generations to use photos/stories taken during volunteer hours for public relations purposes. Spectrum Generations DOES NOT share any personal information such as address, social security number or date of birth except for the purpose of implementing a criminal background check and motor vehicle driving record check if applicable.

**OFFICE USE ONLY:**

Please complete the following checks on this applicant:

Criminal

Driving Record Check

Please include Applicant's Driver's License Number: \_\_\_\_\_

**DISCLOSURE AND AUTHORIZATION [IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]**

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

Spectrum Generations ("the Company") may obtain information about you for employment/volunteer purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report and a copy of any report about you. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by LexisNexis Screening Solutions Inc, P.O. Box 105108, Atlanta, GA 30348-5108, 1-800-845-6004, [www.lexis.com/risk/solutions](http://www.lexis.com/risk/solutions). The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**New York and Maine applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by LexisNexis Screening Solutions Inc., P.O. Box 105108, Atlanta, GA 30348-5108, 1-800-845-6004, [www.lexis.com/risk/solutions](http://www.lexis.com/risk/solutions), another outside organization acting on behalf of the Company, and/or the Company itself. LexisNexis® Screening Solutions Privacy Policy: [privacypolicy.lexisnexis.com/screen.html](http://privacypolicy.lexisnexis.com/screen.html). I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

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

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

**Consumer Information:**

Other Names/Alias: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State of Driver's License: \_\_\_\_\_

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

Present Address: \_\_\_\_\_  
Street City State Zip