



# Downeast Community Partners

248 Bucksport Rd.  
Ellsworth, ME 04605  
(207) 664-2424

## Application for Volunteer Services

### PLEASE PRINT CLEARLY

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

Physical Address: \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

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

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

Describe any experience and/or specific skills you have which are relevant to the position:

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Previous Occupation & Volunteer Experience:

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### **DCP provides Equal Opportunities**

Volunteers of Downeast Community Partners ("DCP") are not employees of the organization and will not be placed in positions to replace those of employees, or to relieve staff of their routine duties or infringe upon the employee role. DCP appreciates all Volunteers, and thanks you for your service to your community.

DCP recognizes the essential rights of all individuals and provides equal opportunities to all personnel without regard to race (and traits associated with race, including hair texture, Afro hairstyles, and protective hairstyles), color, religion, sex, gender, national origin, ancestry, age, physical or mental disability, sexual orientation, marital status, veteran status, whistleblower activity, previous assertion of a claim or right under the Maine Workers' Compensation Act or genetic pre-disposition.

Availability (Please check all that apply):

**Day of the week**

**Between the hours of**

____ Sunday	Morning _____	Afternoon _____	Evening _____
____ Monday	Morning _____	Afternoon _____	Evening _____
____ Tuesday	Morning _____	Afternoon _____	Evening _____
____ Wednesday	Morning _____	Afternoon _____	Evening _____
____ Thursday	Morning _____	Afternoon _____	Evening _____
____ Friday	Morning _____	Afternoon _____	Evening _____
____ Saturday	Morning _____	Afternoon _____	Evening _____

When could you start and how many hours per week are you available to work?

Hours \_\_\_\_\_ Start Date \_\_\_\_\_

What seasons are you available? \_\_\_\_ Summer \_\_\_\_ Fall \_\_\_\_ Winter \_\_\_\_ Spring

How did you find out about this opportunity?

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Are you looking for a short term or long-term opportunity?

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Is there a particular town you would prefer to stay in? \_\_\_\_\_

Are you also willing to volunteer for members/clients in nearby towns?      YES              NO

**Please tell us how you would like to volunteer and which DCP Program you are interested in:**

**DCP Transportation Volunteer Driver (skip to the next page)**

**Volunteer Services with At Home members (check all that apply):**

- Provide transportation (also complete next page "All Volunteer Drivers"):
    - Grocery or pharmacy deliveries
    - Other transportation, e.g., rides to friends, cultural events, hair appointments, meetings, clubs, classes, houses of worship, errands, shopping, bank
    - Drive members to medical appointments to:  Bangor  Ellsworth  Local  Any
    - What frequency?  Once a week  Once a month  Twice a month  More
  - Offer companionship with in-home visits
  - Do errands for our homebound members
  - Minor lifting/putting away groceries
  - Provide technical assistance:  Computer hook-up  DVD hook-up
  - Help when members return home from the hospital
  - Delivery of meals to homebound members
  - Currently is an Advisory Committee Member
- Volunteer with other skills, such as:
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**Volunteer Services with Friendship Cottage (Blue Hill):**

- Various services such as offering companionship, helping with food preparation, washing dishes, etc

**Volunteer Services with Everybody Eats! Free Community Meal (Ellsworth):**

- Shopping and food preparation
- AM food preparation and dining set up
- Midday meal packing for To Go Meals and kitchen clean up
- Late afternoon meal service and final clean up
- Donation food pick up on Sunday mornings at Hannaford Ellsworth
- Advisory Board membership interest - fundraising, planning, etc.

**Volunteer Services with other DCP departments (Development, Finance, HR, IT, Early Childcare, etc)**

List the services you wish to offer:

**ALL VOLUNTEER DRIVERS PLEASE COMPLETE (all others skip to the next page):**

Why do you want to become a Volunteer driver?

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Are you age 21 or older:      YES                      NO

Have you held a driver's license for 5 or more years?      YES                      NO

Do you currently hold a valid Maine driver's license?      YES                      NO

Are you able to perform the functions of the position for which you are Volunteering? These functions include (please circle your answer):

- YES    NO Drive vehicle utilizing safe and defensive driving habits
- YES    NO Ability to lift 40lbs (Assist client with wheelchair)
- YES    NO Ability to follow directions and read maps to find clients homes/appointments
- YES    NO Ability to complete routine paperwork consisting of logging client names, addresses, military time and odometer reading.

Please explain any 'No' responses:

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Approximately how long have you been licensed to drive in the state of Maine? \_\_\_\_\_

Have you held a license in another state? \_\_\_\_\_

If yes, which state? \_\_\_\_\_ During what years? \_\_\_\_\_

Describe vehicle: \_\_\_\_\_

Year	Make	Model	Color	# of Passengers
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Is it insured? \_\_\_\_\_ currently inspected? \_\_\_\_\_ currently registered? \_\_\_\_\_

Are you willing to drive members/Clients in your own car?      YES                      NO

Are you willing to help any member/client who needs a ride to an appointment, or would you prefer to be assigned to specific members/clients:      Any member      Specific member Name: \_\_\_\_\_

Are you willing to commit to certain times?      YES                      NO

If no, would you prefer to be called as needed?      YES                      NO

**Please provide a copy of your driver's license, vehicle registration and vehicle insurance.**

Character References: 1 personal & 2 work/Volunteer related (exclude family members). A reference form will be mailed to them so please be sure to provide their full mailing address

Name & Mailing Address

Phone Number

1.) \_\_\_\_\_

\_\_\_\_\_

2.) \_\_\_\_\_

\_\_\_\_\_

3.) \_\_\_\_\_

\_\_\_\_\_

Thank you for your interest in Downeast Community Partners!

**DISCLOSURE**

As a Volunteer for Downeast Community Partners, I agree to keep the following information confidential (including but not limited to): client's names, personal information, places of transport and/or any information learned about clients/members while you are practice as a DCP Volunteer. I understand that this is essential in order to protect the privacy of all Volunteer services and if I break this confidentiality code, I will lose my Volunteer status.

I am also aware that if I am a Volunteer for DCP, I am required to report to the Department of Human Services any suspicion that the well-being of a client is in jeopardy.

**I certify that the information contained in this application is correct to the best of my knowledge.**

**In the event I am accepted as a Volunteer, I understand that any false or misleading information I have provided in my application or interview(s) may result in immediate release from DCP's Volunteer Program. I understand that I am required to abide by all of DCP's policies, rules and regulations.**

**In the event I am accepted as a Volunteer, I understand DCP will request my approval to process a background check on me. I further grant DCP permission to check all information provided through appropriate sources including references, the Department of Health and Human Services Open Protective Check (for ECE volunteers), National & State Criminal Check including Sex Offender Registry and a 10 year Driving History Check.**

**I acknowledge that DCP reserves the right to amend or modify their Policies and Procedures at any time, without notice. I understand these policies do not create any promise or contractual obligation between DCP and its personnel.**

**I realize that this document does not constitute a contract.**

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**Volunteer's signature**

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**Date**