



Volunteer Application

Date _____

Full Name _____ Date of Birth _____

Driver's License Number and State _____ Exp. _____

Is your vehicle currently insured? _____ currently inspected? _____ currently registered? _____

Vehicle insurance carrier _____ Expiration date _____

Please provide a copy of vehicle registration and vehicle insurance

Mailing Address _____

Physical Address _____

Town _____ Zip _____

Home Phone _____ Cell _____

Email _____

Emergency Contact _____ Phone _____

Current or former occupation _____

SCREENING INFORMATION

Please list three references (exclude family members). Please include at least **one local reference.**

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

There are several ways in which you can become involved with
At Home

Please indicate how you would like to volunteer

Volunteer Services with Members:

- | | |
|--|--|
| <input type="checkbox"/> Transportation to appointments, errands, and activities | <input type="checkbox"/> Card & Letter Writing |
| <input type="checkbox"/> Companionship | <input type="checkbox"/> Occasional Meal Preparation |
| <input type="checkbox"/> Friendly Phone Calls | <input type="checkbox"/> Technology Support |
| <input type="checkbox"/> Support following hospitalization | <input type="checkbox"/> Small house chores & maintenance (light bulbs, smoke alarm batteries, shoveling etc.) |

Volunteer Services with Program Manager:

- | | |
|---|--|
| <input type="checkbox"/> Steering Committee | <input type="checkbox"/> Local Volunteer Coordinator |
| <input type="checkbox"/> Volunteer Committee (recruitment, training, retention, etc.) | <input type="checkbox"/> Office Assistance |
| <input type="checkbox"/> Fundraising & Special Events | <input type="checkbox"/> Other: Please List |

At Home will conduct state and federal background checks on volunteers.

I, _____, hereby authorize At Home & DCP, permission to contact all of my references, conduct a criminal history check, and a motor vehicle driving record check.

Signature _____

Thank you for your interest in volunteering with At Home!

This application may be mailed to:
Program Manager
Kara F. Janes, LMSW
P.O. Box 1184
Blue Hill, ME 04614

For further information contact: Kara F. Janes, Program Manager, 374-5852
at.home@downeastcommunitypartners.org



At Home is a program of Downeast Community Partners

