Boys & Girls Clubs and YMCA of Greater Waterville at the Alfond Youth & Community Center

126 North Street, Waterville, ME 04901 207-873-0684 www.clubaycc.org





VOLUNTEER APPLICATION

When digitally signing, please use the draw signature option

PERSONAL

Last Name	First	N	1iddle	Date
Preferred Name / Nickname				
Street Address				Phone
City, State, Zip				
Email Address				
Please list any certificat	ions that you may hold	d:		
I certify that I am a U.S. (authorization to work in	· ·	sident, or fore	ign national wit	th Yes No
Are you 18 years of age or older?				Yes No
Have you ever been convicted of a crime or plead guilty, "nolo," or no contest to a crime that would prevent you from becoming employed for the position that you are applying for? (Conviction or other disposition of a crime is not necessarily an automatic bar to volunteer.)				
EDUCATION			<u>, </u>	<u>, </u>
School	Course of Study	Years Completed	Did You Graduate	Degree or Diploma
High School			Yes No	
College			Yes No	
Have you ever worked or volunteered with another Boys & Girls Club or YMCA? If yes, please complete this box.				
Volunteer Dates Employee Dates Organization Name				
Address Phone Contact Person				
Contact r cison				

EMPLOYMENT OR VOLUNTEER EXPERIENCE

Please give us a general idea of the kinds of work you have done, both paid and unpaid.

Agency/Company	Position		Supervisor (name & phone)	
Describe Duties:			Date of Assignment	
Agency/Company	Position		Supervisor (name & phone)	
Describe Duties:			Date of Assignment	
School Activities		Program Inter	est - Check All That Apply	
Community Activities		After School Aquatics Athletics Camp Tracy Early Childcare Events Garden	Kitchen Restorative Justice Teen Center	
REFERENCES - Please p	provide three referer	nces of persons ur	nrelated to you.	
Name	Relationship		Phone Number	

	Name	Relationship	Phone Number
1			
2			
3			

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Statement of Applicant - Volunteer

In the Alfond Youth & Community Center's efforts to attract the highest quality volunteers, I have been advised that as a part of the application process for volunteering with the Alfond Youth & Community Center, an extensive inquiry will be made concerning my prior employment; activities, character, and health, and I fully consent to and authorize all such inquiries.

By accepting my volunteer position at the Alfond Youth & Community Center, I will comply with all policies set forth in the personnel policies and with other policies established from time to time by the organization. I authorize the Alfond Youth & Community Center to request my employment record from any former employer(s). I further understand that inquiries may be made, concerning my background, experience, and prior employment. I hereby waive any right to claim that any request or investigation is an invasion of my privacy, since they are made with my consent and it is in my interest that I be considered for volunteering. I understand that my continued volunteer status is contingent upon passing background checks. Background checks will be run each year while with the AYCC.

I certify that all statements made by me on this application are true to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered for volunteering, may be cause for termination of volunteering with the Alfond Youth & Community Center.

I understand that the Alfond Youth & Community Center will take any allegations or suspicions of child abuse seriously and will report such allegations to the police and state agencies for investigation. I also understand that if approved as an Alfond Youth & Community Center volunteer I am not allowed to socialize with the Alfond Youth & Community Center youth members or participants outside of the Alfond Youth & Community Center programs, especially babysitting or inviting children to my home.

I understand and agree that if I volunteer with the Alfond Youth & Community Center, it is a "volunteer at will" opportunity giving either me or the Alfond Youth & Community Center the right to terminate my role at any time without liability or obligation.

I herby acknowledge that I have read and understo	ood the above statement and that I voluntarily sign
this application.	
Signature of Applicant	Date





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126 North Street, Waterville, Maine 04901 Phone: 207-873-0684 Fax: 207-861-8016 <u>www.clubaycc.org</u>

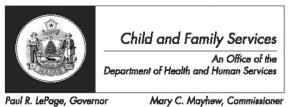
AYCC Criminal History Background Check

Date:				
Purpose of Reque	st: Volunteer			
Your legal name is	s whatever name is on y	our most recent S	Social Security Card	
Last Name:	Fi	rst Name:	MI	:
Previous Name (s)	(Married/Maiden/Other): _			
Street Address: _		Apt/L	Jnit Number:	
Town/City:		State:	Zip:	
Prior Physical Add	ress:			
Date of Birth: Mor	ith: Da	y: Year:		
Social Security Nu	mber:			
Home Telephone:		Cell Phone:		
Home Email:				
background chec	ond Youth & Communi k upon a being offered v volunteering with the	a volunteer positio		al history nd each year thereafter
Signature:		Date:		
	Human Resources Repr Alfond Youth & Commu			

126 North Street, Waterville, Maine 04901

Address:





Agency/Provider to receive this information:

Mary C. Mayhew, Commissioner

Department of Health and Human Services Child and Family Services 2 Anthony Avenue 11 State House Station Augusta, Maine 04333-0011 Tel.: (207) 624-7900; Fax: (207) 287-5282 TTY Users: Dial 711 (Maine Relay)

Agency ID#: 851

AUTHORIZATION RELEASE OF CONFIDENTIAL SUBSTANTIATED

MAINE CHILD ABUSE AND NEGLECT RECORDS INFORMATION

An	Alfond You	Boys & Girls Club/YMCA uth & Community Center, 126 Nort , ME 04901	h Street	
I,	(Please print clear d in a State of Maine Chi	, authorize the Maine Departments, confidential information to the about Protective Services case.	nent of Health and Human Services to release ove agency regarding whether or not I have been substantiated.	
I u	inderstand that:			
0	you receive will only be any information regardinall current and former no	e accurate with regard to the name(s) ping the subject of this Clearance if namames are listed in their entirety.	mation provided in this form. The CPS Clearance that provided. The Department will not be responsible for mes are missing or omitted from this form. Please ensure	
0	This release may be revoked by me in writing at any time, except for information that has already been released. For details contact Child Protective Intake at 1-800-452-1999 x2.			
0				
0	This information is subj	ect to continuing confidentiality as pr	ovided by Maine statute, 22 M.R.S. §4008.	
0	This release will expire	upon the disclosure of the information	n as authorized.	
		PLEASE DO NOT LEAVE	ANY SPACES BLANK	
DA	ATE OF BIRTH:	ALIASES (including maider	ı):	
SIC	GNATURE:		DATE:	
			IF RESULT AREA IS NOT SIGNED, SEE ATTACHMENT Updated 2	
!	RESULT BELOW	(To be completed by DH	<u>HS):</u>	
	As of the State of Maine.	, this person has no substa	antiated findings of Child Abuse or Neglect in	
 -	DHHS, OCFS, Back	ground Check Unit Staff		