

Boys & Girls Clubs and YMCA of Greater Waterville at the Alford 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	Middle	Date
Preferred Name / Nickname			
Street Address			Phone
City, State, Zip			
Email Address			
Please list any certifications that you may hold:			
I certify that I am a U.S. Citizen, permanent resident, or foreign national with authorization to work in the United States.			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.)			Yes No

EDUCATION

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 _____

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	<p>Program Interest - Check All That Apply</p> <p>After School ___ Greenhouse to Your House ___</p> <p>Aquatics ___ Kitchen ___</p> <p>Athletics ___ Restorative Justice ___</p> <p>Camp Tracy ___ Teen Center ___</p> <p>Early Childcare ___ Unified Partner ___</p> <p>Events ___ Wellness ___</p> <p>Garden ___ Youth Mentor ___</p> <p>Other ___</p>
Community Activities	

REFERENCES - Please provide three references of persons unrelated to you.

	Name	Relationship	Phone Number
1			
2			
3			

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Statement of Applicant - Volunteer

In the Alford 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 Alford 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 Alford 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 Alford 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 Alford Youth & Community Center.

I understand that the Alford 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 Alford Youth & Community Center volunteer I am not allowed to socialize with the Alford Youth & Community Center youth members or participants outside of the Alford Youth & Community Center programs, especially babysitting or inviting children to my home.

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

I hereby acknowledge that I have read and understood 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 www.clubaycc.org

AYCC Criminal History Background Check

Date: _____

Purpose of Request: Volunteer _____

Your legal name is whatever name is on your most recent Social Security Card.

Last Name: _____ First Name: _____ MI: _____

Previous Name (s) (Married/Maiden/Other): _____

Street Address: _____ Apt/Unit Number: _____

Town/City: _____ State: _____ Zip: _____

Prior Physical Address: _____

Date of Birth: Month: _____ Day: _____ Year: _____

Social Security Number: _ _ _ - _ _ _ - _ _ _

Home Telephone: _____ Cell Phone: _____

Home Email: _____

I authorize the Alfond Youth & Community Center (AYCC) to perform a criminal history background check upon a being offered a volunteer position with the AYCC and each year thereafter while I am actively volunteering with the AYCC.

Signature: _____ Date: _____

Person Inquiring: Human Resources Representative
Organization: Alfond Youth & Community Center
Address: 126 North Street, Waterville, Maine 04901



**AUTHORIZATION RELEASE OF CONFIDENTIAL SUBSTANTIATED
MAINE CHILD ABUSE AND NEGLECT RECORDS INFORMATION**

I, _____, authorize the Maine Department of Health and Human Services to release
(Please print clearly) confidential information to the above agency regarding whether or not I have been
substantiated in a State of Maine Child Protective Services case.

I understand that:

- The Department can only conduct a search based on the information provided in this form. The CPS Clearance that you receive will only be accurate with regard to the name(s) provided. The Department will not be responsible for any information regarding the subject of this Clearance if names are missing or omitted from this form. Please ensure all current and former names are listed in their entirety.
- This release may be revoked by me in writing at any time, except for information that has already been released. For details contact the Background Check Unit at (207)-624-7965.
- This information is subject to continuing confidentiality as provided by Maine statute, 22 M.R.S. §4008.
- This release will expire upon the disclosure of the information as authorized.

PLEASE DO NOT LEAVE ANY SPACES BLANK

DATE OF BIRTH: _____ ALIASES (including maiden): _____

SIGNATURE: _____ DATE: _____

MAINE ADDRESS: _____

One authorization release per person, completed (no blanks) by the individual who is the subject of the search. The individual must be at least 18 years of age. Original signatures are required, unless DocuSign (or other) documentation can be provided. This release authorizes the search and disclosure regarding whether or not the individual has been substantiated by Maine DHHS as an abuser of a child. The individual should be directed to read this release form carefully. The Department can only conduct a search based on the information provided in this form. The CPS Clearance that you receive will only be accurate with regard to the name(s) provided. The Department will not be responsible for any information regarding the subject of this Clearance if names are missing or omitted from this form. Please ensure all current and former names are listed in their entirety.