



## Volunteer Application

Volunteer applications are accepted on a rolling basis. Volunteers who are accepted will be added to a database and will receive regular information on opportunities to serve Frannie Peabody Center.

### General Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

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

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

Can we leave a message at: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

### Availability

**Please place a check mark next to all periods of time that you are available**

Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9am – 1pm							
1pm – 5pm							
After 5pm							

### **How frequently do you wish to volunteer?**

*Select one, and indicate how many hours you wish to donate*

Weekly  Monthly  A Few times a year

Hours: \_\_\_\_\_ Hours: \_\_\_\_\_ Hours: \_\_\_\_\_

Please indicate the date you wish to end your volunteer service: \_\_\_\_\_

### Interests and Skills

Why do you want to volunteer at Frannie Peabody Center? \_\_\_\_\_

\_\_\_\_\_

What related, previous experiences do you have? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please return this form to:**

**Jon Sheffield**

**Support Services Specialist-Volunteer Manager**

Frannie Peabody Center - 335 Valley Street - Portland, Maine 04102

Phone: 207-774-6877x121, e-mail: [support@peabodycenter.org](mailto:support@peabodycenter.org)



**Interests:** What Are Your Interests? Please check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Administrative assistance    | <input type="checkbox"/> Event work               |
| <input type="checkbox"/> Data entry                   | <input type="checkbox"/> Soliciting donations     |
| <input type="checkbox"/> Newsletter assistance        | <input type="checkbox"/> Social group coordinator |
| <input type="checkbox"/> Other (please specify) _____ |   |

**Skills:** Please check those you already have and not the skills you can learn. Check all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> General computer/internet                                  | <input type="checkbox"/> Soliciting donations       |
| <input type="checkbox"/> Writing letters/news articles                              | <input type="checkbox"/> Public speaking            |
| <input type="checkbox"/> Bookkeeping  | <input type="checkbox"/> Janitorial Assistance      |
| <input type="checkbox"/> Counselor/Mental Health Practitioner                       | <input type="checkbox"/> Interpretation/Translation |
| <input type="checkbox"/> Other skills/licenses/certifications please specify: _____ |   |

**Other Information**

Do you have a previous criminal conviction?      YES       NO

If yes, please explain offense and date: \_\_\_\_\_

References we may contact with your permission:

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

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

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

Please list any precautions regarding your health of which we should be made aware?

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Last Revised: 2/15/2010