



## Volunteer Services Application

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

**Name:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_  
(year not necessary)

**Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

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

**Employer:** \_\_\_\_\_ **Bus. Phone:** \_\_\_\_\_

**Previous Employment Experience:**

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**Volunteer Experience:**

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**Educational Background:**

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**Other Special Training:**

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**Hobbies/Interests/Skills:**

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**Availability to Volunteer:** M T W Th F Sa Su

**Days**\_\_\_\_\_

**Other:** \_\_\_\_\_

**Eves**\_\_\_\_\_

**Type of volunteer work desired:**

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**What is your reason for volunteering?**

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**How did you hear about us?**

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**Please continue on page two...**

Have you ever been convicted of a crime? \_\_\_\_Yes \_\_\_\_No

If so, what and when? \_\_\_\_\_

Do you have a valid Driver's License? \_\_\_\_Yes \_\_\_\_No

License State and #: \_\_\_\_\_

**References (No relatives, please!):**

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

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

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Person to contact in case of an emergency:**

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

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

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Please return this form to:

**Volunteer Services**  
Sweetser  
329 Bath Rd. Suite 1  
Brunswick, ME 04011  
(207) 373-3006

**Thank you for your interest in volunteering at Sweetser!**



Agency Name: Sweetser  
Agency # 929

John E. Baldacci  
Governor

STATE OF MAINE

DEPARTMENT OF HEALTH & HUMAN SERVICES

AUTHORIZATION FOR MAINE CHILD PROTECTIVE SERVICES CENTRAL CASE  
RECORDS RESEARCH

I \_\_\_\_\_ authorize release of confidential information by the Maine  
(Please print clearly)

Department of Health & Human Services, Bureau of Child and Family Services regarding whether I have been involved in a substantiated Maine Child Protective Services case.

Enclosed is the \$15.00 fee authorized under P.L. 2003, C. 673, Part W.

I authorize release of this information to the agency/service provider identified below.

I understand that:

- a. If this search shows that I have been involved in a substantiated child protective case, another release by me is required before the nature of my involvement will be disclosed to the agency/service provider identified below.
- b. This information will be used as part of the agency/service provider's assessment of my suitability to provide services for children and families for this agency.
- c. This information is subject to continuing confidentiality as provided by Maine statutes Title 22 §4008.

This consent will expire upon the release of the information as authorized.

This consent may be revoked by me in writing at any time, except for information that has already been released.

Agency/Provider to receive this information:  
**Sweetser**  
50 Moody St  
Saco, ME 04072

My date of birth: \_\_\_\_\_

\_\_\_\_\_  
Other names I have been known by:  
(including maiden name)

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

Initial Release Form

Mail to: Child Protective Intake Unit, Records Research, SHS 11, Augusta, ME 04333

BCFSCP-082

Updated April 2005

EDGE INFORMATION MANAGEMENT, INC.  
1901 South Harbor City Boulevard, Suite 401  
Melbourne, Florida 32901-4769  
Phone (800) 725-3343 Fax (800)780-3299

**CONSUMER NOTIFICATION**

This is to inform you that a consumer report or an investigative consumer report is being obtained from a Consumer Reporting Agency for the purpose of evaluating you for employment, promotion, reassignment or retention as an employee. You have a right to request additional disclosures regarding the nature and scope of the investigation.

**BACKGROUND INQUIRY RELEASE**

In connection with my application for employment (including contract for services) with you, I understand that I will be subject to investigative background inquiries including education and/or previous employment verification and other reports. Further, I understand that you will be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to criminal history, and motor vehicle (driving) records.

I authorize, without reservation, any party or agency contacted by this employer to furnish only the above- mentioned information.

I hereby consent to your obtaining the above information from EDGE INFORMATION MANAGEMENT, INC. and/or any of their licensed agents. I understand that to aid in the proper identification of my file or records the following information, as well as other information, is necessary.

I have been given a standalone consumer notification that a report will be requested and used for the purpose of evaluating me for employment, promotion, reassignment or retention as an employee.

Print Name \_\_\_\_\_  
                    First                            Middle (Full)                            Last                            Other Name Known by

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth (for identification purposes) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
  month            day            year

Sex \_\_\_\_\_ Race \_\_\_\_\_ Drivers License # \_\_\_\_\_ State \_\_\_\_\_

Current Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Previous City/State \_\_\_\_\_

Previous City/State \_\_\_\_\_

Previous City/State \_\_\_\_\_

Previous City/State \_\_\_\_\_

Previous City/State \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

Prospective Employer Sweetser – Linda Danielson Phone( 207 ) 273-3006 Email: ldanielson@sweetser.org

\*PLEASE RUN DRIVING RECORD FOR: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ /  N/A  
  State            License Number            State            License Number            State            License Number

**For HR Use Only:**

- Log on Tracking Sheet
- Run ME Criminal Check
- Run ME SOR Check
- Run Out of State SOR for: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  N/A
- Fax Out of State Criminal Check to EDGE  N/A

**Requester**

- Cost Center # \_\_\_\_\_
- Requester's Name \_\_\_\_\_