

# KNOX COUNTY HOMELESS COALITION – VOLUNTEER APPLICATION



home help hope  
Knox County Homeless Coalition

Street Address: 169 Old County Rd., Rockport, ME 04856

Mailing Address: P.O. Box 1696, Rockland, ME 04841

Phone Number: (207) 593-8151

Fax Number: (207) 593-8170

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

Company/Organization Name (if applicable): \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing address (if applicable): \_\_\_\_\_

\_\_\_\_\_

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

Are you age 21 or older?    Yes    No

Are you volunteering with a group? If so, which one? \_\_\_\_\_

\_\_\_\_\_

Have you ever volunteered before?    Yes / No    If yes, where? \_\_\_\_\_

What sort of volunteering are you interested in? \_\_\_\_\_

\_\_\_\_\_

Will your volunteer work be for school credit?    Yes / No    If yes, how many hours do you need? \_\_\_\_\_

Will your volunteer work be to satisfy requirements for ASPIRE?    Yes / No    If yes, how many hours do you need? \_\_\_\_\_

## Background

Have you ever been charged with and found guilty of sexual abuse or harassment?    Yes \_\_\_\_    No \_\_\_\_

Have you ever entered a plea of guilty or “no contest” to any crime (other than a minor traffic offense)?    Yes \_\_\_\_    No \_\_\_\_

If you have answered YES to either of the previous questions, please provide details below:

\_\_\_\_\_

\_\_\_\_\_

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What type of volunteer work are you interested in? If you are interested in more than one category, then please number the areas, in order of preference. **Note that we are always in need of volunteers who are interested in doing Childcare and/or who are willing to assist clients with Transportation.**

\_\_\_\_\_ Yardwork

\_\_\_\_\_ Gardening

\_\_\_\_\_ **Childcare/Children's Activities**

\_\_\_\_\_ Arts & Crafts (i.e. leading a knitting group)

\_\_\_\_\_ Teaching a class (please indicate type of class, below):

\_\_\_\_\_ Cooking & Nutrition (i.e. leading a healthy cooking class)

\_\_\_\_\_ Budgeting

\_\_\_\_\_ Health related

\_\_\_\_\_ Job skills (i.e. how to make a resume, how to prepare for an interview, etc.)

\_\_\_\_\_ Mental health/Mindfulness Skills

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

\_\_\_\_\_ Tutoring; list subject areas: \_\_\_\_\_

\_\_\_\_\_ Mentoring

\_\_\_\_\_ **Transportation**

\_\_\_\_\_ Clerical/Office Work

How often will you be volunteering?

[ ] One time [ ] Short-Term [ ] Weekly [ ] Monthly [ ] Annually [ ] Other: \_\_\_\_\_

When are you available to volunteer?

Monday \_\_\_\_\_ to \_\_\_\_\_

Thursday \_\_\_\_\_ to \_\_\_\_\_

Saturday \_\_\_\_\_ to \_\_\_\_\_

Tuesday \_\_\_\_\_ to \_\_\_\_\_

Friday \_\_\_\_\_ to \_\_\_\_\_

Sunday \_\_\_\_\_ to \_\_\_\_\_

Wednesday \_\_\_\_\_ to \_\_\_\_\_

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## References

Please list two people we may contact who can tell us about your qualifications. If you are employed, please use your supervisor as your first reference.

1) Name \_\_\_\_\_ Relationship to volunteer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone/Email \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship to volunteer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone/Email \_\_\_\_\_

## Emergency Contact Information

Emergency Contact #1: \_\_\_\_\_

Relationship to client: \_\_\_\_\_ Phone number: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_

Relationship to client: \_\_\_\_\_ Phone number: \_\_\_\_\_

Anything else you'd like us to know? \_\_\_\_\_

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Thank you for your interest in volunteering for the Knox County Homeless Coalition! We look forward to working with you!

I certify that the foregoing information is correct to the best of my knowledge. I further grant Knox County Homeless Coalition permission to check any and all information provided through appropriate sources, including references, the Maine Department of Human Services, the State Bureau of Identifications and local law enforcement.

\_\_\_\_\_  
(Signature of Volunteer)

\_\_\_\_\_  
(Date)