



VOLUNTEER APPLICATION

PERSONAL

Last Name	First	Middle	Date
Street Address			Primary Telephone
City, State, Zip			Birthday
Email Address			
Skills and expertise (e.g. clerical, typing, data entry, computer skills etc.)			
Other special training, skills, courses, or workshops:			Yes No
Are you 18 years of age or older?			Yes No
Are you a U.S. citizen? If not what is your Visa Status?			Yes No
Do you have a valid driver's license? If yes, license number: _____ State: _____			Yes No
Have you ever been convicted of any motor vehicle violations in the past 5 years?			Yes No
Have you ever been convicted of a crime or pled guilty, "nolo", or not contest? If yes, please explain in detail (use additional paper if necessary):			Yes No
Is there any criminal action currently pending against you? If yes, please explain in detail (use additional paper if necessary):			Yes No
Race - Nationality: We use this information to report on grants. <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Caucasian (white) <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> American Indian or Alaska Native			

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

126 North Street, Waterville, ME 04901

P: 207.873.0684 • F: 207.861.8016 • clubaycc.org



EDUCATION

	Name of School	No. of Years Completed	Did You Graduate	Course of Study, Degree or Diploma
High School:				
College:			Yes No	
Post-Graduate:			Yes No	

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 and Phone #)
Describe Duties:		Date of Assignment
Agency/Company	Position	Supervisor (Name and Phone #)
Describe Duties:		Date of Assignment
School Activities	Program Interest - Check All That Apply	
Community Activities	After School _____ Teen Center _____ Aquatics _____ Gymnasium _____ Office _____ Kitchen _____ Camp Tracy _____ Garden _____ Unified _____ Computer Lab _____ Athletics _____ Grant Writing _____	

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REFERENCES

Please provide three references of persons unrelated to you.

	Name	Relationship	Phone Number
1			
2			
3			

Volunteering within the State of Maine is considered at-will.

The information provided in this Application for Volunteer Services is true, correct, and complete. If assigned a volunteer task, any misstatement or omission of fact on this application may result in dismissal. I authorize the Boys & Girls Club and YMCA at the Alford Youth & Community Center to perform a background check on me through the State and Federal Government and/or Department of Human Services and/or the Department of Motor Vehicles.

Signature

Date



AYCC Criminal History Background Check

I authorize the Alford Youth & Community Center to perform a criminal history background check.

Date _____

Purpose of Request: Volunteer _____ Employment _____

First Name _____ Middle Initial _____ Last Name _____

Previous Name (Married/Maiden/Other) _____

Physical Address (No P.O. Box) _____

City _____ State _____ Zip Code _____

Prior Physical Address (No P.O. Box) _____

City _____ State _____ Zip Code _____

Home Telephone _____

Driver's License Number _____ State _____

Social Security Number _____

Date of Birth _____

Signature _____ Date _____

Person Inquiring: Josie Skelley, Volunteer Coordinator

Organization: Alford Youth & Community Center

Address: 126 North Street, Waterville, Maine 04901

Our Mission: To inspire and enable all young people and their families to realize their full potential as productive, responsible, and caring citizens.



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

Agency/Provider to receive this information:

Agency ID#: **851**

Jeanine Libby
Waterville Boys & Girls Club/YMCA
Alfond Youth Center, 126 North Street
Waterville, ME 04901

I, _____, authorize the Maine Department of Health and Human Services to release
(Please print clearly)
confidential information to the above agency regarding whether I have been involved in a substantiated Maine
Child Protective Services case and the nature of that involvement.

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 Child Protective Intake at 1-800-452-1999 x2.
- This information will be used as part of the above agency's assessment of my suitability to provide services for children and families they serve.
- 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.
- The fee for this process is \$15.00 per person as authorized by 22 M.R.S. § 4008(6) and 10 148 DHHS Chapter 202 (2004), payable to Treasurer State of Maine; a postage paid return envelope is enclosed.

PLEASE DO NOT LEAVE ANY SPACES BLANK

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

SIGNATURE: _____ DATE: _____

MAINE ADDRESS: _____

RESULT BELOW (To be completed by DHHS):

As of _____, this person has no substantiated findings of Child Abuse or Neglect in the State of Maine.

DHHS, OCFS, Child Protective Staff

IF RESULT AREA IS NOT SIGNED, SEE ATTACHMENT→
Updated 2020



Statement of Volunteer Applicant

In the Alford Youth & Community Center's efforts to attract the highest quality staff, 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.

In the event of my volunteering with 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 volunteering is contingent upon passing the criminal history background check.

I understand that it is this agency's policy to secure conviction criminal history information as part of the screening process. I will provide the requested information for the sole purpose of obtaining a conviction only criminal history file search. I understand that the Alford Youth & Community Center does not condone child abusers and that the Alford Youth & Community Center will be seeking information in my background related to child abuse.

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 or after volunteering, may be cause for termination 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 selected as an Alford Youth & Community Center employee or volunteer, I am not allowed to fraternize 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 am selected to volunteer, there is no contract period of volunteerism and my volunteering would be solely an "volunteer at will" giving either me or the Alford Youth & Community Center the right to terminate my volunteering 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



MEVECHS Program Waiver Agreement and Statement

(Maine Volunteer and Employee Criminal History Service)
Maine State Police, State Bureau of Identification

Pursuant to the National Child Protection Act, as amended by the Volunteers for Children Act (NCPA/VCA), this form must be completed and signed by every current or prospective applicant for whom fingerprint-based criminal history records are requested by a Qualified Entity (QE).

I, the undersigned, hereby authorize

Alfond Youth & Community Center

Name of Qualified Entity (QE)

to submit a set of my fingerprints to the Maine State Police-State Bureau of Identification (MSP-SBI) and Federal Bureau of Investigation (FBI) for the purpose of accessing and reviewing state and national criminal history records that may pertain to me. I understand that I would be able to receive any Maine record from the MSP-SBI, and any national criminal history record from the FBI pursuant to 28 CFR Sections 16.30-34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement and Statement, it is my intent to authorize the dissemination of any Maine and national criminal history record that may pertain to me to the QE.

I understand that, until the criminal history background check is completed, the QE may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, the QE may provide me a copy of the criminal history background report, if any, received on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before a final decision is made based on Maine Statute Title 16 §709 and Code of Federal Regulations(CFR) Title 28 § 16.30-34.

I have ___ OR have not ___ been convicted of a crime.

If convicted, please describe the crime(s), date and location of the crime(s) and the name of the convicting court:

I hereby declare that I am the person described below, and understand that any falsification of this statement can result in the termination of my participation.

Signature

Date

Printed Name

Date of Birth

Residential Address City State Zip

This document must be retained by the QE and is subject to audit by the MSP-SBI and FBI.

**Boys & Girls Clubs and YMCA of Greater Waterville at the
Alfond Youth & Community Center
Volunteer Waiver and Release from Liability**

Volunteer Status Acknowledgement

I understand that, as a volunteer, I am in no way, shape or form an employee Boys & Girls Clubs and YMCA of Greater Waterville at the Alfond Youth & Community Center (herein known as AYCC). I understand and agree that I will not receive any compensation or benefit for my participation in volunteer activities, nor will I be eligible for any coverage under the Workers' Compensation laws of the State of Maine.

Acknowledgment of Risk

I hereby acknowledge and agree that participation in volunteer activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with volunteer activity participation, including but in no way limited to: (1) slips, trips, and falls, (2) lifting injuries, (3) athletic injuries, and (4) illness, including exposure to or infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with volunteer participation and that said list in no way limits the operation of this Agreement.

Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in [insert organization] programs or accessing [insert organization] facilities could increase the risk of contracting COVID-19.** [Insert organization] in no way warrants that COVID-19 infection will not occur through participation in [insert organization] programs of accessing [insert organization] facilities.

_____ Initial

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of my participation as a volunteer with the AYCC, I, _____, the undersigned participant, agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE the AYCC, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, my heirs, representatives, executors, administrators and assigns may have, now or in the future, a on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of the AYCC facilities/equipment or participation in AYCC programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees

In consideration of my participation in volunteer activities, I, the undersigned participant, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to my participation in volunteer activities.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in participation in volunteer activities and that I am voluntarily assuming said risks. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, or death, I sustain while participating in volunteer activities and that by signing this agreement I HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that I am in good health and that I have no conditions or impairments which would preclude my safe participation in volunteer activities.

Print Name: _____

Signature: _____

Date: ____ / ____ / ____