

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

126 North Street, Waterville, ME 04901
207-873-0684 www.clubaycc.org



VOLUNTEER APPLICATION

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
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 employed by this organization in the past? When?			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
Have you ever had a professional or business license or certification revoked or suspended or have you ever voluntarily surrendered a professional or business license or certificate? If yes, please explain in detail (use additional paper if necessary):			Yes No

EDUCATION

School	Course of Study	Years Completed	Did You Graduate	Degree or Diploma
High School			Yes No	
College			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 & phone)
Describe Duties:		Date of Assignment
Agency/Company	Position	Supervisor (name & phone)
Describe Duties:		Date of Assignment

School Activities	Program Interest - Check All That Apply After School _____ Teen Center _____ Aquatics _____ Gymnasium _____ Office _____ Kitchen _____ Camp Tracy _____ Garden _____ Unified _____ Computer Lab _____ Athletics _____ Grant Writing _____ Events _____
Community Activities	

Have you ever worked or volunteered with another Boys & Girls Club or YMCA? If yes, please complete this box.

Circle One:

Volunteer/Employee Dates _____ Organization Name _____

Address _____ Phone _____

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

	Name	Relationship	Phone Number
1			
2			
3			
4			

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 Clubs and YMCA at the Alford Youth & Community Center to perform a background check on me through the State Police and/or Department of Human Services and/or the Department of Human Services and/or the Department of Motor Vehicles.

Statement of Applicant - Volunteer



In the Alfond Youth & Community Center's efforts to attract the highest quality staff, I have been advised that as a part of the application process for employment/volunteering with the Alfond 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 employment by the Alfond 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 Alfond 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 employment/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 Alfond Youth & Community Center.

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

I understand and agree that if I am employed, there is no contract period of volunteering would be solely an "volunteer at will" giving either me or the Alfond 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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AYCC Criminal History Background Check



Date _____

Purpose of Request:

Volunteer _____ or Employment _____

LAST Name _____ Middle Initial _____

First Name _____

Previous Name (Married/Maiden/Other) _____

Physical Address _____

Prior Physical Address _____

Home Telephone _____ Cell Phone _____

Email Address _____

Date of Birth _____

Driver's License Number _____

State _____ Date of Issue _____

Social Security Number _____

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

Signature _____

Date _____

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Child and Family Services
11 State House Station
2 Anthony Avenue
Augusta, Maine 04333-0011
Tel.: (207) 624-7900; Toll Free: (877) 680-5866
TTY: Dial 711 (Maine Relay); Fax: (207) 287-5065

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

Agency/Provider to receive this information:

Agency ID#: 851

Anna Good
Waterville Boys & Girls Club/YMCA
Alfond Youth & Community 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 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 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.

PLEASE DO NOT LEAVE ANY SPACES BLANK

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

SIGNATURE: _____ DATE: _____

MAINE ADDRESS: _____

IF RESULT AREA IS NOT SIGNED, SEE ATTACHMENT →

Updated 2020

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, Background Check Unit Staff