



Volunteer Application

Full Name: _____

Date: _____

Mailing Address: _____

Phone: (H) _____ (C) _____ (W) _____

Email Address: _____ preferred method of contact _____
(home, cell, email)

Date of Birth: _____

Emergency Contact Name & Number: _____

Availability (circle all): Morning Afternoon **Preferred Volunteer Start Date:**
 M T W Th F Sat M T W Th F Sat _____

Preferred Volunteer Service at FCS (circle all that apply):

Food Pantry Thrift Shop Holidays Gardens Children Transportation AAFP

Skills: Please list relevant skills, work experiences, interests, and/or volunteer service:

Languages spoken other than English: _____

Do you require any physical accommodations for your volunteer assignment? Yes No

If yes, please explain: _____

Have you been convicted of any crimes not annulled or expunged by a court? Yes No

If yes, please describe in full: _____

Please provide two **non-family** references that we can contact regarding your potential volunteer service with FCS:

Name: _____
 Relationship Phone Email

Name: _____
 Relationship Phone Email

I attest that the above information is true to the best of my knowledge.

 Signature Date

If applicant is under 18, signature of parent or guardian:

Thanks for your interest in volunteering with FCS!
Questions? Please contact Susan Adams
 Volunteer Coordinator @ 207-865-3985 x 206
 sadams@fcsmaine.org

 Signature Date

 Printed Name of parent or guardian