



Volunteer Application

Full Name: _____ Date: _____

Mailing Address: _____

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

Email Address: _____ Preferred Method of Contact: _____
Home, Cell or Email

Date of Birth: _____ Emergency Contact: _____
Name and Phone Number

Availability (circle all that apply): Morning Afternoon Preferred 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 AFFP

Skills: Please list relevant skills, work experience, 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 ever 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 whom we can contact regarding your potential volunteer service with FCS.

Name: _____ Relationship: _____ Email: _____

Name: _____ Relationship: _____ Email: _____

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

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

Signature Date

Signature Date

Thank you for your interest in volunteering with FCS!

Printed name of parent or guardian

Please send this completed form to Susan Adams, Volunteer Coordinator, by email to sadams@fcsmaine.org,
or by mail to Susan Adams, Freeport Community Services, PO Box 119, Freeport, ME 04032.
Call Susan at (207) 865-3985 ext. 206 with any questions.