



ADVOCATES FOR CHILDREN
124 Canal Street, Suite A,
Lewiston, Maine 04240
Phone: (207)783-3990 Fax: (207)783-9402

Volunteer Application

Name: _____
Last First Middle
Address: _____
Street City State Zip Code
Telephone# () _____

What type of volunteer work are you interested in? (Please use the back side for additional space)

What days / hours are you available? _____
Advocates has opportunity for evening volunteers as well as during business hours.

Have you volunteered before? _____ Where? _____

Are you employed? If so please complete the following.
Employer _____
Address _____
Job Title _____
How long have you been employed at this business? _____

Summarize any training, skills, licenses, and/or certificates that you hold.

Please list 3 references with contact information.

Have you been convicted of a crime in the last seven (7) years? Yes No
If yes, please explain: _____

Do you have a valid State of Maine driver's license? Yes No
Have you been convicted of any motor vehicle violations in the past 5 years? Yes No

Signature of Applicant _____ Date _____