

**C. A. R. E.**  
*Community Action Resource Exchange  
of the Hancock Cluster of the United Methodist Church*

**Volunteer Application Form**

*In the event that my application is accepted and I become a C.A.R.E. volunteer, I understand and accept that I am acting on behalf of the Hancock Cluster of the United Methodist Church, who has voted as individual congregations to accept C.A.R.E. as an approved outreach ministry for insurance liability purposes.*

*I agree to abide by and be bound by the policies of C.A.R.E. and the United Methodist Church for safe practices and to refrain from inappropriate conduct in the performance of my duties on behalf of C.A.R.E. and the UM Church.*

*My name and address will be provided to the area UM Churches as a record of involvement and will not be used for any other purpose.*

*In signing this application, I hereby certify that the information provided on this application for volunteerism is true and correct. I authorize C.A.R.E. committee members and the United Methodist Church to verify the information I have provided on this application by contacting references I have listed. I authorize the references listed in this application to give you whatever information they may have regarding my character and fitness for the tasks I will be asked to perform as a volunteer.*

**Name:** \_\_\_\_\_ (first) \_\_\_\_\_ (last) \_\_\_\_\_ (M.I.)

**Address:** \_\_\_\_\_ **Town:** \_\_\_\_\_

**Residence if different from above address or if P.O.** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Other Contact:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

**CONTACT IN EMERGENCY:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_

**CONTACT NUMBERS:** \_\_\_\_\_ ; \_\_\_\_\_

**First Aid Training?** \_\_\_\_ Yes \_\_\_\_ No **Date completed:** \_\_\_\_\_

**CPR Training?** \_\_\_\_ Yes \_\_\_\_ No **Date completed:** \_\_\_\_\_

**CHECK THE AREAS THAT YOU HAVE AN INTEREST AND ABILITY FOR VOLUNTEER ACTIVITY:**

Carpentry \_\_\_ Gardening\_\_\_ Sewing \_\_\_ Mowing \_\_\_ Letter Writing \_\_\_

Cleaning \_\_\_ Shopping \_\_\_ Stacking Wood \_\_\_ Painting \_\_\_ Plumbing \_\_\_

Cooking \_\_\_ Snow Removal \_\_\_ Reading \_\_\_ Phone Check in \_\_\_

Visiting the sick \_\_\_ Computer \_\_\_ Hauling \_\_\_

Other: \_\_\_\_\_

Transportation \_\_\_ (Driver must be at least 21 years of age. Complete page 4 of application.)

1. Current or Previous Occupations: \_\_\_\_\_

\_\_\_\_\_

2. Hobbies or Interests: \_\_\_\_\_

\_\_\_\_\_

3. Skills, Qualifications, and Education that will enhance your volunteerism: \_\_\_\_\_

\_\_\_\_\_

4. Previous Volunteer Experience: \_\_\_\_\_

5. Reason for Volunteering: \_\_\_\_\_

\_\_\_\_\_

6. Job Related Tasks You would be uncomfortable performing?\_\_\_\_\_

\_\_\_\_\_

7. What Days and times do you prefer to volunteer?\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug related charges, child abuse, other crimes of violence, theft, etc)? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please explain:

---

---

**References: Please list three individuals who are not related to you by blood or marriage as references. Please list people who have known you for at least three years.**

1. Name:\_\_\_\_\_
2. Address:\_\_\_\_\_
3. Phone Contacts:\_\_\_\_\_
4. Length of time you have known reference:\_\_\_\_\_
5. Relationship to reference:\_\_\_\_\_

1. Name:\_\_\_\_\_
2. Address:\_\_\_\_\_
3. Phone Contacts:\_\_\_\_\_
4. Length of time you have known reference:\_\_\_\_\_
5. Relationship to reference:\_\_\_\_\_

1. Name:\_\_\_\_\_
2. Address:\_\_\_\_\_
3. Phone Contacts:\_\_\_\_\_
4. Length of time you have known reference:\_\_\_\_\_
5. Relationship to reference:\_\_\_\_\_

If presently employed, may we contact you at work: \_\_\_\_\_Yes \_\_\_\_\_No

Contact information:\_\_\_\_\_

I have read and understand the entire application, and I am fully aware of its contents. I sign this application freely and under no duress or coercion.

\_\_\_\_\_Signature \_\_\_\_\_Date

## TRANSPORTATION APPLICATION

Do you have access to a registered, inspected, and insured automobile you can use for volunteer work?

\_\_\_\_\_ Yes    \_\_\_\_\_ No    \_\_\_\_\_ Occasionally

If you answered yes and are interested in being a volunteer driver, please provide the following information:

Is the automobile that you will drive to provide transportation services insured and covers passengers?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, please provide a copy of "proof of insurance"

Do you possess a valid driver's license?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, please provide a copy of your driver's license.

Driver License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Class: \_\_\_\_\_

Expiration Date of License: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Restrictions listed on License: \_\_\_\_\_

Have you been convicted of a motor vehicle violation in the last six years?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If Yes, When? \_\_\_\_\_ What State? \_\_\_\_\_

For what reason? \_\_\_\_\_

I certify the above information is accurate. I understand the following:

1. If I am selected for a volunteer position that requires driving a vehicle, my driving record will be checked by the Bucksport Police Department.
2. If information on my driving record indicates that my driving will place people or property at risk, the volunteer offer may be withdrawn or my volunteer position may be terminated.
3. Falsification of information on this form will make me ineligible to serve as a volunteer or will be grounds for discharge.
4. The information obtained as a result of this driving record check will be treated with utmost respect for my confidentiality and privacy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return application to: C.A.R.E., P.O. Box 1362, Bucksport, Maine 04416