

Bucksport Good Morning Program Volunteer Application

Position Overview

The Bucksport Good Morning Program is a community effort to support its oldest residents' ability to age in place. Volunteers will support participants through weekly wellness checks. These wellness checks will be conducted over the phone and will serve to increase the capacity of Bucksport Public Safety and other local service providers to meet the needs of older adults.

General Information

First Name _____ Last Name _____ M.I. _____

Address: _____ City _____ Zip _____

Telephone #: _____

Email address (if applicable) _____

When can you start volunteering? _____

Do you have access to a reliable telephone? _____

While this is a volunteer position, applicants must submit one reference.

Reference Contact :

Name: _____

Relationship to applicant: _____

Number: _____

Email: _____

Preferred method of contact: _____

I hereby certify that the above information is true and correct to the best of my knowledge.

Signature of Applicant: _____

Date: _____

Background Check Authorization

I, _____, (please print full name clearly) understand that in order for the Bucksport Public Safety to assess my qualifications for the position of Good Morning Volunteer, a complete background check is required. I, therefore, authorize Bucksport Public Safety to arrange for or to conduct such an investigation which will involve verification of information provided as part of the application including but not limited to a criminal background check and a driver's license check.

I hereby authorize all my present and former employers, or references to furnish information concerning my personal character, habits or employment performance. I also authorize schools which I have attended to provide verification of educational attainment if required.

Applicant's Signature

Social Security Number

Date of Birth

Date Signed