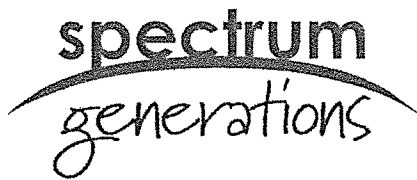


Recruited By:
Volunteer Supervisor:
Center:



Background Check Completed	<input type="checkbox"/>
Driving Check Completed	<input type="checkbox"/>
Date:	By:

Volunteer Application

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Date of Birth: _____

Emergency Contact: _____

Name	Relation	Phone

Availability - Please indicate the days/times you will be available.

Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.

Interests - Please indicate any areas you are interested in volunteering.

<input type="checkbox"/> Computer Skills	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Clerical/ /Receptionist
<input type="checkbox"/> Special Events	<input type="checkbox"/> Meals on Wheels Driver	<input type="checkbox"/> Kitchen/ Wait Staff/ Food Prep
<input type="checkbox"/> Adult DayBreak	<input type="checkbox"/> Meals on Wheels Assesment	<input type="checkbox"/> Activities/Programs
<input type="checkbox"/> Health and Wellness	<input type="checkbox"/> Medicare/Fraud Prevention	

References - Please list 3 references (people who know you well, but are NOT related to you.)

1: _____

Name	Relation	Phone
Address		

2: _____

Name	Relation	Phone
Address		

3: _____

Name	Relation	Phone
Address		

Questions - Please answer each question in the space provided.

Please tell us how you heard of Spectrum Generations _____

Why are you applying to volunteer for Spectrum Generations? _____

Please list any skills, experiences, qualifications, or previous volunteer services which will be of special benefit in the job which you want to volunteer for. _____

Language Ability	<input type="checkbox"/> speak	<input type="checkbox"/> read	<input type="checkbox"/> write	<input type="checkbox"/> French
(Please check all that apply.)	<input type="checkbox"/> speak	<input type="checkbox"/> read	<input type="checkbox"/> write	<input type="checkbox"/> Spanish
	<input type="checkbox"/> speak	<input type="checkbox"/> read	<input type="checkbox"/> write	<input type="checkbox"/> Russian
	<input type="checkbox"/> speak	<input type="checkbox"/> read	<input type="checkbox"/> write	<input type="checkbox"/> Other _____

Do you have access to reliable transportation for volunteer duties? Yes No

Do you require any physical accommodation that should be considered when selecting a volunteer assignment? _____

Prospective volunteers will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap, or veteran status.

As an element of our Volunteer hiring process, SPECTRUM GENERATIONS does conduct background checks.

Have you been convicted of any crimes in the past 20 years? Yes No

If "Yes", describe in full. _____

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

By signing this document I give permission for Spectrum Generations to use photos/stories taken during volunteer hours for public relations purposes. Spectrum Generations DOES NOT share any personal information such as address, social security number, or date of birth except for the purpose of implementing a criminal background check and motor vehicle driving record check if applicable.

Signature of Applicant: _____ Date: _____

Home Office: Spectrum Generations 1 Weston Court Augusta ME 04338 Phone: 207-622-9212 Fax: 207-622-7857

DISCLOSURE AND AUTHORIZATION [IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Spectrum Generations ("the Company") may obtain information about you for employment/volunteer purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report and a copy of any report about you. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by LexisNexis Screening Solutions Inc, P.O. Box 105108, Atlanta, GA 30348-5108, 1-800-845-6004, www.lexis.com/risk/solutions. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by LexisNexis Screening Solutions Inc., P.O. Box 105108, Atlanta, GA 30348-5108, 1-800-845-6004, www.lexis.com/risk/solutions, another outside organization acting on behalf of the Company, and/or the Company itself. LexisNexis® Screening Solutions Privacy Policy: privacypolicy.lexisnexis.com/screen.html. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Last Name: _____ First Name: _____ Middle: _____

Signature: _____ Date: _____

Consumer Information:

Other Names/Alias: _____

Social Security Number: _____ Date of Birth: _____

Drivers License Number: _____ State of Driver's License: _____

Phone Number: _____

Present Address: _____
Street City State Zip