

**VOLUNTEER APPLICATION**

Please return this form to: *Waban Projects, Inc.*  
*Attn: Bonnie Leslie*  
*5 Dunaway Drive*  
*Sanford, ME 04073*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

\*\*\* **Due to nature of the work references will be checked** \*\*\*

**Previous Work Experience**

Employer Name and Phone Number	Dates: From/To	Duties	Supervisor

Have you done volunteer work previously?     YES         NO

If Yes, please list your previous volunteer experience.

Where volunteered	Date	Type of Volunteer Activities	Supervisor

**APPLICATION CONTINUED ON BACK**



When would you be available for volunteer work? (Please specify day[s] and hour[s] preferred.)

Time(s)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
A.M.							
P.M.							

What is your reason for volunteering? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*Due to nature of business, criminal checks will be completed on all employees and volunteers.\***

Check any skills, hobbies, or interests you would like to share with individuals being served WABAN:

- |                                       |   |   |                                  |
|---------------------------------------|---|---|----------------------------------|
| <input type="checkbox"/> Board Games  | <input type="checkbox"/> Letter Writing | <input type="checkbox"/> Visiting/Companionship | <input type="checkbox"/> Crafts  |
| <input type="checkbox"/> Swimming     | <input type="checkbox"/> Gardening      | <input type="checkbox"/> Outdoor Activities     | <input type="checkbox"/> Fishing |
| <input type="checkbox"/> Animals/Pets | <input type="checkbox"/> Walking        | <input type="checkbox"/> Music/Singing          | <input type="checkbox"/> Puzzles |
| <input type="checkbox"/> Reading      | <input type="checkbox"/> Sports         | <input type="checkbox"/> Church Activities      |                                  |

Please check areas in which you would like to volunteer:

- CHILD DEVELOPMENT PROGRAM:*  Sanford
- LIFE WORKS & COMPANY:*  Springvale
- RESIDENCES:*  Sanford Area  Springvale Area
- Kennebunk Area  North Berwick Area
- TREE Center:*  Sanford

**IN CASE OF EMERGENCY**

Person To Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**FOR VOLUNTEERS UNDER 18 YEARS OF AGE:**

In the event of an emergency, I give my permission for a representative of WABAN to take my child to the nearest hospital.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent / Guardian

**ALL VOLUNTEERS WILL ATTEND A SHORT ORIENTATION**

