



## Volunteer Interest Form

### \*\* PERSONAL INFORMATION

Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone - Day: \_\_\_\_\_ Evening: \_\_\_\_\_

**You must be at least 12 years of age to volunteer.** Volunteers under 18 years of age must have a parent/guardian complete the consent section on the reverse side of this application.

**In Case of Emergency, notify** \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### \*\* OCCUPATION AND/OR EDUCATION

Circle highest grade completed: 6 7 8 9 10 11 12 College years completed \_\_\_\_\_

Name of School attending: \_\_\_\_\_ College Degree earned \_\_\_\_\_

### \*\* VOLUNTEER INTERESTS

Why do you want to volunteer? \_\_\_\_\_

\_\_\_\_\_

For each day, indicate times you are available to volunteer, list am or pm:

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thur \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

I am seeking this volunteer position: \_\_\_\_\_ To become a regular volunteer.  
\_\_\_\_\_ To satisfy school/class/scholarship Community Service hours.  
\_\_\_\_\_ To fulfill court-ordered Community Service.

Please check the volunteer assignments that interest you:

Library Work  
 Program Support  
 Historical Society Work  
 Mailings

Office Work  
 Communications/Information  
 Genealogy  
 Fundraising

**\*\* SKILLS**

Please check all that you are familiar with:

PCs  Microsoft Word  Microsoft Exel  Internet Explorer

What special interests and/or skills do you have that may help us to match you with the best volunteer assignment? \_\_\_\_\_

**\*\* REFERENCE INFORMATION**

Please provide a personal and civic or professional reference, not related to you

Personal: Name \_\_\_\_\_ Telephone: \_\_\_\_\_

Civic or professional: Name \_\_\_\_\_ Telephone: \_\_\_\_\_

Have you ever been convicted of a crime? If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

*I authorize the Newport Cultural Center to make inquiries as to my experience and character, and to certify that all statements made on this application are true. Your signature indicates that you understand the above and that there is no compensation for volunteer services.*

I hereby certify that the information set forth in this application is true and complete to the best of my knowledge. I understand that if I am contacted to become a volunteer, I will be asked to present a valid form of identification during the initial interview. I further understand that falsified statements made on this application shall be considered cause for removal from the program.

Signature of Applicant: \_\_\_\_\_

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

**\*\* PARENT/GUARDIAN CONSENT (for volunteers under age 18)**

I give permission for the above applicant to volunteer at the Newport Cultural Center for a maximum of \_\_\_\_\_ hours per week (three hours minimum). If you need to reach me, my telephone number is \_\_\_\_\_.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

**\*\*Please return your completed application to the Circulation Desk or mail to NCC, 154 Main St, Newport, ME 04953.**

Approved 10/21/2010  
Revised 3/9/11