



## Volunteer Correspondent Program Application To Become A Volunteer Correspondent

Full Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Name(s) you've gone by in past \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Have you ever been convicted of a crime? ☐ Yes ☐ No If yes, please explain \_\_\_\_\_

Person with whom you would like to be matched \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**Case Manager.** Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**Guardian.** Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**Volunteer and related experience.** (other than employment) \_\_\_\_\_

Type of person who interests you most (age, interests, abilities, etc.) \_\_\_\_\_

Your special skills and interests (hobbies, sports, sign language, etc. Any activity you could share with the person) \_\_\_\_\_

**References.** Two personal references (other than employers or family members. A telephone number must be listed.)

**Name 1** \_\_\_\_\_ Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

How do you know them? \_\_\_\_\_

**Name 2** \_\_\_\_\_ Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

How do you know them? \_\_\_\_\_

**Employment.** If you have paid work experience, please list your employers for the past 5 years beginning with the most recent.

A telephone number must be listed. Work references may be contacted.

**Position 1** \_\_\_\_\_ Company \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

**Position 2** \_\_\_\_\_ Company \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

**Position 3** \_\_\_\_\_ Company \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

I authorize the Consumer Advisory Board to verify all information contained in this application, to contact my personal and professional references, and to contact the State Bureau of Identification about me. I understand that I may be required to attend trainings for volunteer correspondents and I agree to attend.

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

**Please return to VCP, 295 Water Street, Suite 203, Augusta, ME 04330**

Approved \_\_\_\_\_ Assigned \_\_\_\_\_