



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 _____