



Waban Projects, Inc.
 5 Dunaway Drive
 Sanford ME 04073
 (207) 324-7955
 Fax: 324-6050

VOLUNTEER APPLICATION

Please return this form to:

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 & Telephone Number	Dates: From/To	Duties	Supervisor

Have you done volunteer work previously? ____
 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.

Please list your previous volunteer experience. Check any skills, hobbies, or interests you would like to share with individuals being served at Waban Projects, Inc.:

- | | | | |
|---------------------------------------|-----------------------------------------|-------------------------------------------------|----------------------------------|
| <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

ADULT DEVELOPMENT PROGRAM: Springvale

RESIDENCES: Sanford Area Springvale Area
 Kennebunk Area North Berwick Area

SUMMER CAMP: Sanford

IN CASE OF EMERGENCY

PERSON TO CONTACT: _____

Relationship: _____ Phone-home _____ Phone-work _____

FOR VOLUNTEERS UNDER 18 YEARS OF AGE:

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

Signed: _____ Date: _____

Parent / Guardian

ALL VOLUNTEERS WILL ATTEND A SHORT ORIENTATION