AMHC SAS VOLUNTEER APPLICATION

Applicants will receive consideration without discrimination and regardless of race, creed, color, sex, age, national origin, handicap, or veteran status. This application will be given every consideration, but its receipt does not guarantee approval. Each question should be answered in a complete and accurate manner; no action will be taken until all questions have been answered.

CONTACT INFORMATION

First Name: _____ Last Name: _____

Street/PO Box: _____ City: _____

State: _____ Zip Code: _____ Pronouns: _____

Phone Number: _____ _____
(home) (cell)

Emergency Contact: _____
(first & last name)

Phone Number: _____ _____
(home) (cell)

EDUCATION

College/University: _____

Year of Graduation: _____ Major and Degree Level: _____

Advisor's Name: _____ Email: _____

Phone number: _____

AVAILABILITY

Service:

☐ Tabling events

County for tabling:

☐ Aroostook ☐ Hancock ☐ Washington

Helpline ☐ 24 hr. shift (8am-8am) ☐ 12 hr. shift (8 p – 8 a)

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

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CONSENT & UNDERSTANDING

INFORMED CONSENT: Before you sign, please be sure to ask any questions you may have regarding this application. You should know and understand the terms of this agreement prior to signing.

Please initial each statement if you agree to the terms.

- I give consent to have a background check and fingerprint check completed prior to engaging with our service and understand that this will be kept on file _____.
    - I have not been convicted of a crime _____.
- I understand that this is a volunteer service and not an agreement for employment _____.
- I agree to take the 40-hour advocate training _____.
- I agree to take an additional 20 hours of training of which eight will be about child sexual assault _____.
- I agree to participate in one team meeting, one case review, and one supervision session per month _____.

I have filled out and read the application and by signing this document agree that I understand and agree to the terms.

_____

Print Name Date

_____ Signature

of Volunteer Date

List three professional references that we will contact (Name, Phone Number, Email)

_____

_____

_____