

Bangor Area Recovery Network
142 Center Street
Brewer, Maine 04412
(207) 561-9444
joseph@bangorrecovery.org



Dear Prospective Volunteer,

We appreciate your interest in joining the dedicated volunteers of the Bangor Area Recovery Network (BARN). Volunteers are our most valuable resource and an essential ingredient in meeting our mission. We want to ensure that as a volunteer, your time is well spent. To achieve this goal, we ask you to make a minimum commitment of three hours per week for 6 months or through completion of the event you are working on.

To begin the process of joining our dedicated core of volunteers we ask that you fill out the enclosed volunteer application and sign the attached background verification disclosure.

Please return to:

Bangor Area Recovery Network
Attn: Volunteer Coordinator
142 Center Street
Brewer, ME 04412
joseph@bangorrecovery.org

Once we receive your application, we will call you to schedule a personal interview and orientation session. We look forward to discussing your contribution to our mission in person.

Sincerely,
The BARN Board of Directors and Volunteer Coordinator
(207) 561-9444



Confidential Application for Volunteer Service

Name: _____
 Last First MI

Address: _____
 Street City/Town Zip Code

Telephone: _____ Email: _____

Emergency Contact: _____
 Name Telephone

Employer Contact: _____
 Name Telephone

Where did you hear about the BARN? _____

Please check skills in which you are competent:

- | | | |
|----------------------------------------|-------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Arts/Crafts | <input type="checkbox"/> Education | <input type="checkbox"/> Office Help |
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Leadership | <input type="checkbox"/> Computers |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Advocacy | <input type="checkbox"/> Service/Trades |
| <input type="checkbox"/> Social | <input type="checkbox"/> Special Interest | <input type="checkbox"/> Other: _____ |

Have you had previous volunteer experience? (Y / N) If yes, where? _____

Please Describe: _____

Availability: Please indicate times you are available to volunteer.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Are you willing to be called for additional short-term assignments? (Y / N)



Personal History:

Do you have any limitations that may affect your ability to perform certain volunteer assignments? Answering “yes” will not eliminate you from being considered for volunteer assignment; it is an effort to provide adequate support to both you and the facility. (Y / N)

If yes, Please explain: _____

Have you been convicted of a crime? Answering “yes” will not eliminate you from being considered for volunteer assignment. (Y / N)

If yes, Please explain: _____

Have you been convicted of a sex crime? Answering “yes” will disqualify you from volunteering at the front desk, but there are other volunteer positions that you may hold. (Y / N)

Do you agree to a background verification? (Y / N)





Bangor Area Recovery Network Confidential Volunteer Services Background Verification Disclosure



I understand that the background information that I supply in connection with my Volunteer Services Application will be verified by the BARN, by its agents, and mutual associations to ensure that the information that I provide is accurate in every way. The information to be verified includes all information supplied on any application form or resume, and information provided in any conversation or interview with any employee of the BARN.

I authorize the BARN and its agents to conduct a thorough inquiry into all areas deemed necessary to participate in this program. I authorize full disclosure of information to the BARN and its agents. This information includes employment, educational, criminal, motor vehicle records, professional records, professional license/certification verification, and public record information. I agree that such information is reasonably related to my application for Volunteer Services. I understand that the information provided to the BARN will be used to validate information given on my Volunteer Services Application and I authorize such use.

I specifically release former employers, criminal information repositories and courts, schools, law enforcement agencies, local, state, and federal administrators, certifying agencies, insurance companies, and mutual associations or persons from any liability so they may freely and completely respond to any inquiry relating to my application for Volunteer Services with the BARN.

I have reviewed this form, understand the intent of its authorization and release, and give my full consent for disclosure of information referenced above. A photocopy of this release will be as valid as the original, although the photocopy would not contain an original signature of mine.

Name: _____
Last First MI

Previous Legal Name: _____
Last First MI

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Current Address: _____
Street City/Town Zip Code

Number of years at this address: _____

Previous Address: _____
Street City/Town Zip Code

Number of years at this address: _____

Signature: _____ Date: _____

