

**Bread of Life Kitchen and Executive Offices**

157 & 159 Water Street • Augusta, ME 04330
Office: (207) 626-3434 • Kitchen: (207) 621-2541
breadoflife@mainebreadoflife.org

Bread of Life Shelters

155 Hospital Street
(207) 626-3479

Volunteer Application

Please complete all lines & questions. If something does not apply, please mark with N/A.

Name _____ Date of Birth _____
Address _____ City/State/Zip _____
Telephone _____ Email _____
Referral Source _____

Please note that Bread of Life Ministries is not responsible for any personal injury that may occur while volunteering.

Education *Highest level completed*

Grades: 1-5 6-9 10-12 College Business Graduate School Technical/Vocational

Former/current work or occupation _____

List previous volunteer experience (if any) _____

Skills *List your top skills and indicate proficiency level.*

	Skilled	Can Teach	Amateur
1. _____			
2. _____			
3. _____			

What location(s) are you interested in volunteering at? *Circle one or more.*

Shelter Soup Kitchen Housing

Do you need volunteer hours or any of the following? *Circle any that apply.*

Services Probation Personal Other _____

Explain why you are interested in volunteering? _____

How many hours would you like/need? _____

Are you willing to be added to our ongoing volunteer bank list? _____

The volunteer bank are people who are interested in being contacted when Bread of Life has a volunteer need.

Volunteer Availability *Please list days and hours available.* _____

Criminal History and Date of Offense *Please explain any criminal history with charge and date.*

If you have any criminal history, please describe any steps/services/supports you have taken or work with to address the issues that led to the criminal activity.

*All volunteers are subject to a criminal background check.
Criminal History does not prohibit you from volunteering with the organization.*

Transportation *How will you get to your assignment? Please circle.*
Public Transportation Walk Bus Van Taxi Car

In an emergency, please notify:

Name	Relationship to You
Address	City/State/Zip
Telephone	

If the application is not complete it cannot be processed.

Volunteers hereby agree to serve any client, regardless of race, gender, age, ethnicity, religious affiliation, income, physical and/or mental disability, marital status, or sexual orientation in accordance with local, state and federal laws.

Volunteer Signature

Date

Staff Section

Receiving Staff Signature	Date
Reviewing Staff Signature	Date

Staff Approval Yes No
Reason