



Inn Along the Way

Inn Along the Way Volunteer Application

(Please PRINT)

Date: _____

Last Name:		First Name:	M. Initial:
Street:		City:	State: Zip Code:
Home Phone No:	Work Phone No:	Cell Phone No:	
Email Address:			

Birth Date: _____

Past/Current volunteer experience:

What brought you to IAW?
Self Family Friend Website IAW Volunteer Newspaper/Brochure Other

Education/Special Skills:

Hobbies/Special Interest:

IAW volunteer opportunities of interest:

In what assignment position do you wish to volunteer? _____
When would you be available to start volunteering?

Day(s) preferred to volunteer: Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/>	Hours Available: Morning <input type="checkbox"/> Afternoon <input type="checkbox"/>
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Please tell us why you want to volunteer at Inn Along the Way.

Have you ever been convicted of, or are you currently charged with, a felony? Yes No

Are there any felony charges pending against you? Yes No

Please be advised if you are chosen to volunteer at IAW, a criminal background check may be performed.

Do you have any limitations or health conditions which should be taken into consideration before determining a volunteer assignment? _____

If Yes, Explain: _____

Person to Notify in Case of Emergency:

Name: _____ Relationship: _____ Phone Number: _____

References: Please tell us names of two people who are not related to you.

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Please read carefully and sign:

I understand that commitment is the foundation for success of any volunteer program. I agree it is important to respect the privacy of others and to be loyal to IAW with respect to the vision and mission of this organization. In the performance of my duties it may be required for me to become aware of confidential information, which shall remain confidential. It may be verbal, written, digital or electronic form. I understand that any unauthorized disclosure of proprietary information may result in termination of volunteer service and may be subject to legal action.

I certify that the responses on this application are true to the best of my knowledge. I agree that this information may be verified and references may be contacted by Inn Along the Way.

Applicant Signature:

Date:

Inn Along the Way- Volunteer Application
741 Main St.
Damariscotta, ME 04543