



## Volunteer Services Application

Date: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_  
(year not necessary)

**Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Bus. Phone:** \_\_\_\_\_

**Previous Employment Experience:**

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**Volunteer Experience:**

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**Educational Background:**

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**Other Special Training:**

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**Hobbies/Interests/Skills:**

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**Availability to Volunteer:** M T W Th F Sa Su

**Days**\_\_\_\_\_

**Other:** \_\_\_\_\_

**Eves**\_\_\_\_\_

**Type of volunteer work desired:**

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**What is your reason for volunteering?**

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**How did you hear about us?**

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**Please continue on page two...**

Have you ever been convicted of a crime? \_\_\_\_Yes \_\_\_\_No

If so, what and when? \_\_\_\_\_

Do you have a valid Driver's License? \_\_\_\_Yes \_\_\_\_No

License State and #: \_\_\_\_\_

**References (No relatives, please!):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Person to contact in case of an emergency:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Please return this form to:

**Volunteer Services**  
Sweetser  
329 Bath Rd. Suite 1  
Brunswick, ME 04011  
(207) 373-3006

**Thank you for your interest in volunteering at Sweetser!**



**Child and Family Services**  
 An Office of the  
 Department of Health and Human Services

John E. Baldacci, Governor      Brenda M. Harvey, Commissioner

Department of Health and Human Services  
 2 Anthony Avenue  
 # 11 State House Station  
 Augusta, Maine 04333-0011  
 Tel: (207) 624-7900  
 Fax: (207) 287-5282; TTY: 1-800-606-0215

**INITIAL RELEASE AUTHORIZATION FOR MAINE CHILD PROTECTIVE SERVICES CASE RECORDS RESEARCH**

**AGENCY ID#: 929      AGENCY NAME: SWEETSER**

I, \_\_\_\_\_, authorize release of confidential information by the Maine Department of  
 (Please print clearly)  
 Health and Human Services, Office of Child and Family Services, regarding whether I have been involved in a substantiated  
 Maine Child Protective Services case.

Enclosed is the \$15.00 fee authorized under P.L. 2003, C. 673, Part W, payable to the Treasurer, State of Maine.

I understand that:

- a. If this search shows that I have been involved in a substantiated child protective case, another release by me is required before the nature of my involvement will be disclosed to the agency/service provider identified below.
- b. This information will be used as part of the agency/service provider's assessment of my suitability to provide services for children, adults, and families for this agency.
- c. This information is subject to continuing confidentiality as provided by Maine statutes Title 22 §4008.

This consent will expire upon the release of the information as authorized.

This consent may be revoked by me in writing at any time, except for information that has already been released.

**Agency/Provider to receive this information:**  
 CHRISTINE GRATTON  
 SWEETSER  
 50 MOODY STREET  
 SACO, ME 04072

My date of birth: \_\_\_\_\_  
 (Confidentiality laws prohibit providing information on individuals under 18.)

\_\_\_\_\_  
 Other names known by, including

\_\_\_\_\_  
 Signature (subject of records research)    Date

\_\_\_\_\_  
 Address

This form should be completed by the individual who is the subject of the child protective records research request. This form should accompany the 083 Findings Form. Please include a self-addressed postage paid return envelope and a check/money order for the fee(s) of \$15.00 per person, payable to the Treasurer State of Maine. Please mail your requests to DHHS, Child Protective Intake, Records Research, SHS 11, 2 Anthony Avenue, Augusta, ME 04333. For questions please call 1-800-452-1999 x2.

**OCFSCP-082**  
**Initial Release Form**  
**Updated 03/08**



**For HR Use Only:**

- Log on Tracking Sheet
- Run ME Criminal Check
- Run ME SOR Check
- Run Out of State SOR for: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  N/A
- Fax Out of State Criminal Check to EDGE  N/A

**Requester**

- Cost Center # \_\_\_\_\_
- Requester's Name \_\_\_\_\_