



assists adults and children with disabilities to obtain a full and inclusive life in their chosen community.

Administrative Offices:  
**Independence Association**  
 Volunteer Coordinator  
 87 Baribeau Drive  
 Brunswick, ME 04011  
 207-725-4371  
[www.independenceassociation.org](http://www.independenceassociation.org)

<b>PERSONAL INFORMATION</b>
Name:
Local Address:
Other Address (if applicable):
Day Phone:
Evening Phone:
Email:
Best time to reach you:
Best way to reach you:

<b>EMERGENCY INFORMATION</b>
Name:
Work Phone:
Home Phone:
Cell Phone:

**Have you ever volunteered with us before?**  
 No:            Yes/When:

**What was the best volunteer experience you have had and why?**

**When are you available to volunteer?**  
 Day(s):  
 Hours:

**Do you have a particular area where you would like to volunteer? If so, please describe:**

**Why do you want to volunteer with Independence Association?**

**Hobbies/Skills/Special Interests:**

**What training or support might you need while volunteering at Independence Association?**

**Would you prefer volunteering with:**  
 One person    Small group    Large group

(continue please)

How did you hear about volunteer opportunities at Independence Association?

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Please consider the following trainings and certifications:

<b>Training/Certification</b>	<b>Have</b>	<b>Would Like</b>
<b>Confidentiality</b>		
<b>Harassment</b> (sexual and other)		
<b>Rights of Persons with Mental Retardation or Autism</b>		
<b>CPR</b>		
<b>First Aid</b>		
<b>Signing or Visual-Gestural Communication</b>		
<b>Direct Support Professional</b> (DSP)		
<b>Mental Health Rehabilitation Technician</b> (MHRT/C)		

**I understand and agree that:**

any material misrepresentation or deliberate omission of fact in my application may be justification for refusal or termination from volunteering at Independence Association. It is my understanding that Independence Association will make a thorough review of my criminal background and driving record. Falsification of any given data or other derogatory information discovered as a result of this review may prevent me from being chosen as a volunteer, or if chosen as a volunteer, may subject me to immediate dismissal.

I have read and understand the above. I hereby attest that the above information is true to the best of my knowledge.

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(Applicant's Signature)

(Today's Date)