



Ethics
Let's do it, now!

Volunteer Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Cell) _____ Phone: (Home) _____

Email: _____

Emergency Contact: _____

Current Occupation: _____

Highest Education Level Completed: _____

Please list any previous volunteering experiences: _____

Please list any previous kids tutoring/mentoring: _____

Please list any previous experience supporting immigrants: _____

Why are you interested in immigrant children with ETHICS? _____

Please indicate your volunteering availability: ☐ SUN ☐ MON ☐ TUES ☐ WEDS ☐ THURS ☐ FRI ☐ SAT
(mornings / afternoons / evenings) _____

Are you willing to visit children in their homes? _____

Do you have access to a vehicle that you could use for volunteer work? ☐ YES ☐ NO

Have you ever been convicted of a crime or plead guilty? ☐ YES ☐ NO

How did you hear about volunteering with ETHICS? _____

Please list 3 references whom we may contact:

Name: _____ Address: _____

Phone: _____ Email: _____

Name: _____ Address: _____

Phone: _____ Email: _____

Name: _____ Address: _____

Phone: _____ Email: _____

I HEREBY GIVE ETHICS PERMISSION TO CONTACT THE ABOVE GIVEN REFERENCES FOR THE PURPOSE OF OBTAINING INFORMATION ABOUT THE SUITABILITY OF MY BEING A VOLUNTEER FOR THE PROGRAM.

Signature: _____ Date: _____

Please Note: All volunteers will go through a background and reference check. ETHICS pays the fee to process the background check.

Please send your application to ly@ethicsmaine.org