

PORTLAND HOUSING AUTHORITY

Criminal Background Screening

Applicant Authorization

(please print clearly)

Applicant Full Name (including middle):	
Name Suffix:	
Street Number:	
Street Name:	
Apartment Number:	
City / State / Zip Code:	
County:	
Social Security Number:	
Date of Birth:	
Telephone Number:	

I hereby authorize the Portland Housing Authority to conduct a pre-volunteering criminal background and sex offender screening.

Date: _____

Signature

NOTE: This form must be printed and signed; digital signatures cannot be accepted.
Once signed it can be scanned and emailed, faxed, or delivered to:

Portland Housing Authority
14 Baxter Boulevard
Portland, ME 04101

Vista.youth@porthouse.org

Fax (207) 879-4231



APPLICATION FOR VOLUNTEER SERVICE

For Office Use

Program: _____
 Site: _____
 Start Date: _____
 End Date: _____

Please complete all sections to the best of your ability

Section 1 – PERSONAL INFORMATION

FULL Name: _____ Today's Date: _____
First Middle Last

Permanent Mailing Address: _____ Primary Phone: _____ - _____ - _____
 _____ Email: _____
 _____ Preferred Contact Method: _____
 _____ Birth Date: ____/____/____

Have you ever volunteered or been employed by The Portland Housing Authority?

- Yes: When and where? _____
- No: How did you hear about us?
- | | | | | |
|---|---|-----------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> VolunteerMaine | <input type="checkbox"/> VolunteerMatch | <input type="checkbox"/> Idealist | <input type="checkbox"/> Craigslist | <input type="checkbox"/> PHA Website |
| <input type="checkbox"/> USM | <input type="checkbox"/> Bowdoin | <input type="checkbox"/> UNE | <input type="checkbox"/> St. Joseph's | <input type="checkbox"/> SMCC |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Co-worker | <input type="checkbox"/> Family | <input type="checkbox"/> Other: _____ | |

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

Note: A conviction will not automatically bar participation in PHA Programming but will be considered within the context of the entire application.

Section 2 – EMERGENCY CONTACT

Name: _____ Relationship: _____

Phone: _____ Alternate phone: _____

Section 3 – RELEVANT EXPERIENCE

Please list any relevant work experience including dates and responsibilities:

Please list your prior volunteer experiences including dates and responsibilities:

Section 4 – VOLUNTEER INTEREST

Briefly explain your reasons for wanting to volunteer with the Portland Housing Authority:

Please indicate the type of volunteer placement you are seeking:

- Ongoing service with direct resident contact
- Ongoing service without direct resident contact
- Intermittent or one-time service with direct resident contact
- Intermittent or one-time service without direct resident contact
- Casual resident contact in a community setting i.e., resident may be a member of a larger group in the community involved in an activity

Please indicate the population you would most enjoy volunteering with:

- Elementary School age 5-11 Middle School age 11-14 High School age 14-19
- Young Adults Adults Elderly/Disabled Families Staff

Please list any special skills including languages spoken that you are interested in sharing with The Portland Housing Authority (*you may wish to complete the skills and interest assessment on page 5*):

Are you willing to transport our residents in PHA vehicles? Yes No This is not required of any volunteer

Section 5 – AVAILABILITY

No. of Hours: _____
per Month Week

Specific Program:

- Study Center Summer Soccer
- CHEETA Summer Lunch
- Art Program Other: _____
- Personal Finance

Length of commitment (please check all that apply):

- Unsure
- One semester (September-December/January-June)
- One Academic year (September-June)
- Summer (June-August)
- More than one year
- Service learning project: _____ hours

Professor: _____

Days and times available:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Section 6 – APPLICANT STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary determine my appointment as a volunteer. I understand that this application is not a contract for employment. If I am accepted into Portland Housing Authority's volunteer program, I agree to abide by all rules and policies of the Portland Housing Authority.

Signature: _____

Date: _____



Section 7 – CONFIDENTIALITY STATEMENT

Information regarding any applicant, participant, or anyone otherwise connected with the programs of the Portland Housing Authority is to be kept confidential. Information will be known only by those employees and volunteer workers who, by the nature of their job responsibilities, need such information. Information includes the fact that a person is an applicant or tenant receives subsidy, etc.

Whenever an employee or volunteer is in an apartment, on a housing site, or otherwise on Housing Authority property and/or on the job, anything that is seen or heard is to be kept in confidence, and only related to other employees having relevant job responsibilities.

Applicants, participants, or tenants are not to be discussed with other applicants, participants, or tenants except as required by job responsibilities and due diligence is taken to protect confidentiality.

Any breach of confidence by an employee or volunteer is grounds for dismissal from service, and other penalties may apply.

Additionally, there are state and federal laws which apply to the keeping of confidential information which have monetary and other penalties which may apply.

I have been given a copy of this statement and fully understand this policy and agree to abide with its requirements.

Signature:

Date:

Section 8 – AGREEMENT AND RELEASE FROM LIABILITY

Diversity

Volunteers are asked to respect the diversity of our learners and other volunteers by refraining from verbal or personal acts of discrimination against anyone on the basis of gender, race, color, ancestry, national origin, religious belief, age, familial status, disability, veteran status, or sexual orientation.

Volunteer Record

Volunteer applications are kept confidential and used for the purposes of Portland Housing Authority only. Personally identifiable information is not sold or shared with others except as required by law.

Safety and Liability

All volunteers are responsible for their own safety in fulfilling their volunteer commitment. Should a safety incident arise, it should be reported immediately to a staff member.

Voluntary Participation

I acknowledge that I have voluntarily applied to assist Portland Housing Authority in it's important work providing programming to local residents who are in need. I understand that as a volunteer I will not be paid for my services, that I will not be covered by any medical or other insurance coverage provided by Portland Housing Authority, and that I will not be eligible for any Workmen's Compensation benefits.

Release

In consideration of the opportunity afforded me to assist Portland Housing Authority, I hereby agree that I, my assignees, heirs, guardians, and legal representatives, will not make a claim against Portland Housing Authority, or either of their officers, directors and employees (collectively "Releasees"), collectively or individually, or any of the volunteers, for the injury or death to me or damage to my property arising from my participation. Without limiting the generality of the foregoing, I hereby waive and release any rights, actions, or causes of action resulting in personal injury or death to me, or damage to my property, sustained in connection with my participation in Portland Housing Authority programs, and excepting only such loss, damage or injury as may be caused by the sole negligence of any Releasee.

I acknowledge that I have carefully read these terms of my volunteer service, fully understand their content, and am aware that this is a release of liability and a contract between myself and Portland Housing Authority. By SIGNING BELOW, I accept and agree to the terms contained above.

Signature:

Date:

The Portland Housing Authority does not discriminate in providing services or the opportunity to volunteer services, or in the provision of employment opportunities on the basis of race, color, religion, national origin, sexual orientation, citizenship, gender, age, disability, and/or other characteristics prohibited by state or federal law (except where such constitutes a bona fide qualification permitted by law)

Forms should be printed and signed
then returned by mail, fax, email, or delivered to:

Vista.youth@porthouse.org

Portland Housing Authority
14 Baxter Boulevard
Portland, ME 04101

Phone (207) 773-4753
TDD (207) 774-2570
Fax (207) 879-4231



PORTLAND HOUSING AUTHORITY

Study Center Volunteer References

Applicant Name: _____

Reference 1

Name: _____

Affiliation: _____

Years known: _____

Relationship to Applicant: _____

Phone number _____

Email Address: _____

Reference 2

Name: _____

Affiliation: _____

Years known: _____

Relationship to Applicant: _____

Phone number _____

Email Address: _____

Reference 3

Name: _____

Affiliation: _____

Years known: _____

Relationship to Applicant: _____

Phone number _____

Email Address: _____