



Community Counseling Center
 343 Forest Avenue
 Portland, Maine 04101
 Phone: (207) 874-1030
 Fax: (207) 874-1044
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Volunteer Advisor Application



Proud Rainbow Youth of Southern Maine
 (207) 874-1022 prysm@commcc.org

Contact & Background Check Information

Full Legal Name: _____

Other names known by (if applicable): _____

Address: _____

City: _____ State: ME Zip: _____

How long have you lived in Maine? _____

If less than two (2) years, please list most recent out of state address

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (207) _____ Work Phone: (207) _____

Cell Phone: (207) _____ E-Mail: _____

Date of Birth (MM/DD/YYYY): _____ / _____ / _____

Social Security Number: _____ - _____ - _____

Driver's License State: _____ Number: _____ Expires: _____ / _____ / _____

Auto Insurance Carrier: _____ Policy Number: _____

Have you ever been convicted of a criminal offense? Yes _____ No _____

If yes, please explain (attach separate page if necessary): _____

References: please list 3 non-relative references, including 1 current/former supervisor

1. Name: _____ How long known? _____

Day time phone: _____ Relationship: _____

2. Name: _____ How long known? _____

Day time phone: _____ Relationship: _____

3. Name: _____ How long known? _____

Day time phone: _____ Relationship: _____

Emergency Medical Information

Emergency Contact Name: _____ Phone Number: _____

Pertinent Medical Information: _____

Please comment on your desire to volunteer for us

1. Why are you interested in becoming a PRYSM Advisor?

2. PRYSM's mission is to create safe and supportive community for young Lesbian, Gay, Bisexual, Transgender, Questioning and Allied people through a collaborative effort of youth and adults. PRYSM's mission will be achieved by providing social support, leadership development, community education, and connections to community resources.
Please comment on our mission statement.

3. What are some of the rewards you expect from volunteering for PRYSM?

4. What are some of the challenges you expect from volunteering for PRYSM?

5. Please describe any experience or education you've had working with youth:

6. Please describe any experience or education you've had with lesbian, gay, bisexual, or transgender related issues:

7. What are your current volunteer obligations?

8. One of our most important groundrules is: *Alcohol, drugs, or someone that has them in their system, are not permitted.*
Please comment on why this is an appropriate policy for a youth supportive space?

Please read carefully before signing. If you have any questions regarding this statement, please ask PRYSM program staff before signing.

The distribution or receipt of this application by Community Counseling Center (CCC) does not imply or intend to imply an agreement or contract to enroll the applicant as a volunteer for the PRYSM program. The purpose of this application is solely to allow persons a standardized form on which to submit their qualifications.

CCC is hereby authorized to conduct an investigation of my personal history for purposes of determining my qualifications for volunteer service. This investigation may include information as to my character, general reputation, professional reputation, credentials, and police record. This information may be obtained from references from at least three (3) persons who are not related to me, references from previous or current employers, appropriate ethics committees and/or licensing, certification or accrediting bodies, Department of Human Services Child Protective Services, and/or public records from criminal convictions.

I hereby acknowledge that I have reviewed this application form and understand the purpose and the content of the information requested. I also understand that my initial acceptance into the PRYSM program is contingent on satisfactory investigative, character, and background checks. If I am enrolled as a volunteer for PRYSM I will comply with all rules and regulations as set forth in the PRYSM program policy manual or other communications distributed to program volunteers.

I understand that, if I am enrolled as a volunteer Advisor for PRYSM, falsified statements or material omissions on my application shall be sufficient cause for dismissal from the program.

BY SIGNING BELOW I AGREE:

- That the information I have provided is true to the best of my knowledge.
- That I meet the qualifications to be an advisor as outlined in the advisor position description.
- To submit to a reference check, that can include character references, a child abuse registry check, driving record checks, and criminal record checks.
- To participate in advisor training.
- To volunteer for the PRYSM program for at least one (1) year.
- To volunteer a minimum of 2 program sessions per month.
- To attend monthly advisor meetings.
- To review and agree to comply with the policies and procedures set forth by CCC.

I also understand that my relationship with the PRYSM program and CCC is an unpaid volunteer position and that CCC may terminate the relationship at any time without cause.

Volunteer Advisor Signature

Date

Volunteer Advisor Printed Name

Sent to HR by: _____ Date: _____ Received by HR: _____ Date: _____
Completed by: _____ Date: _____ Received by MP: _____ Date: _____