



Application to the Maine Commission for Community Service Volunteer Administrators' Professional Development Fund

Introduction

The Maine Commission for Community Service (MCCS) was established in 1994 by Executive Order and under state statute in 1995. The 25 board members of the Commission are appointed by the governor to three-year terms and each represents a specific segment of Maine's volunteer sector.

The Commission builds capacity and sustainability in Maine's volunteer and service communities by funding programs, developing managers of volunteers, raising awareness of sector issues, and promoting service as a strategy.

Through the Professional Development Fund MCCS supports training and education related to Competencies for Managers of Volunteers by awarding funds to cost-share professional development relevant activities.

This online form is the application to MCCS for assistance from the fund.

* 1. Enter your initials by each statement to indicate you have read, understand, and agree with each statement. This ensures your desire for assistance is in alignment with the Professional Development Fund's policies and procedures.

I read and understand the eligibility, selection criteria, application instructions and other information published at volunteermaine.org/training/professional-development/

I certify I am employed by OR provide my volunteer management expertise in a pro bono capacity to a qualifying Maine program described under "Eligibility Criteria."

I certify that I have two or more years experience as a volunteer coordinator or volunteer program manager.

I understand that, if I am selected for an award, the funds cannot be paid to me but must be paid to the organization conducting the professional development activity or the agency or school district for which I work (volunteer or paid).

I understand that my application must be complete in order to be considered.

As a condition to receiving an award, I acknowledge and agree to conduct a session at the state volunteerism conference **OR** contribute an educational article to the statewide newsletter (Maine VolunteerFare) **OR** conduct a webinar hosted by the Commission.

I acknowledge and agree to have my name, the award amount, the source of training, and purpose published by Maine Commission for Community Service as part of its annual reporting and accounting of public fund use.

I understand and accept responsibility for ensuring that requests for payment of the award are submitted as an itemized invoice no later than 30 days after I have completed the professional development activity.

I understand that failure to ensure timeliness of request for payments may result in my being responsible for the full cost of the professional development activity.

SAMPLE OF ONLINE FORM



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Application

2. Address

Name

Job/Volunteer Title

Organization/Empl
oyer

Address

City/Town

State

ZIP Code

Email

Daytime Phone #

* 3. Which description best fits your situation:

- employed in a position that has direct responsibility for volunteer management;
- perform functions of a volunteer administrator or staff person but do so on a pro bono or volunteer basis;
- Other (please specify)

* 4. How many years (total) of volunteer management experience do you have?

* 5. In the last calendar year, how many hours of professional development activity did you complete?

* 6. List your formal post-secondary education and indicate any that were completed.

1. Educational Institution or Certifying Authority:

1. Certification, Degree, or Diploma Received:

1. Concentration or Credential/License:

1. Did you complete the full set of requirements?

2. Educational Institution or Certifying Authority:

2. Certification, Degree, or Diploma Received:

2. Concentration or Credential/License:

2. Did you complete the full set of requirements?

3. Educational Institution or Certifying Authority:

3. Certification, Degree, or Diploma Received:

3. Concentration or Credential/License:

3. Did you complete the full set of requirements?

7. If you have additional formal training or education, please describe here:

8. Briefly describe your role or job and the responsibilities you have for volunteer program management, operation, or implementation.

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Your Professional Development

9. Describe your current progress or achievement level with regard to mastery of the Competencies for Managers of Volunteers. What areas have you targeted for your own advancement or growth?

[Empty text box for response to question 9]

10. Summarize your professional development goals for this year and how this opportunity fits into your plan.

[Empty text box for response to question 10]

11. Describe how you will apply the skills, knowledge or abilities gained through this professional development activity to the volunteer program setting in which you work.

[Empty text box for response to question 11]

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Professional Development Request

* 12. Description of event/course and cost

Title of Professional Development Activity

Organizer or Sponsor

Is this virtual (online) or place-based (specific geographic location)?

Location of event (web address or physical place)

Start date

End date

Total professional development hours

Number of educational credits or CEUs offered

Will you apply educational credits or CEUs to a credential or degree?

13. Enter URL for conference agenda, course content, or other educational/training event:

14. If the professional development activity does not have details online, copy and paste the text of the announcement you received in this space. Be sure it includes any agenda, presenter, learning objectives, and content details. Note: this text box accepts 2000 characters. You can expand the visible text using the stretch option on the bottom right corner.



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* 15. Enter the expenses for this event/activity by category and then total all.

Registration/Conference fee

Travel Expenses (if applicable)

Lodging, per diem

Texts, publications, or subscriptions required

Other (describe below)

Total Expenses

If an amount is in "Other," provide details here:

16. Cost share proposed

Amount from Professional Development Fund (max. 75% of Total Expenses)

Amount to be paid by applicant (min. 25% of Total Expenses)

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Letters of Support and Final Questions

Please provide the name, title, and organization affiliation of the individuals submitting the required letters of support.

Scan and email these letters to service.commission@maine.gov OR fax them to 207-221-0874 before the application deadline.

17. The required "Letters of Support" will come from:

Supervisor Name

Supervisor Title

Supervisor
Organization

Supervisor Email

Supervisor Day
Phone

Colleague Name

Colleague Title

Colleague
Organization

Colleague Email

Colleague Day
Phone

18. Does your organization receive funding from the Corporation for National & Community Service?

Yes

No

19. If "yes," please specify the program funded:

20. Please indicate the type of National Service programs members/participants who serve with your organization. Check all that apply.

- None
- RSVP
- AmeriCorps State/National
- Foster Grandparents
- Senior Companions
- AmeriCorps VISTA

Use the "Submit" option below to send your application to MCCS.

If you have any questions, please don't hesitate to email us.

Maine Commission for Community Service
service.commission@maine.gov

You can learn more about the Commission at our business website: MaineServiceCommission.gov



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