

APPLICATION FOR ADULT VOLUNTEER SERVICE

Last Name: _____		Date of Birth: ____/____/____
First Name: _____	Middle Initial: _____	
Mailing Address: _____		How long at this address? _____
Town: _____	Zip: _____	
Home Phone: _____	Work Phone: _____	Cell Phone: _____
E-mail Address*: _____		
*Required – primary means of communication		

IN CASE OF EMERGENCY, CONTACT:

Name: _____	Home Phone: _____
Relationship to you: _____	Work Phone: _____
	Cell Phone: _____

ARE YOU *(please check one)* Employed Unemployed Retired Student

How were you referred to us? *(Please check one)*

- | | | | |
|------------------------------------|---|---|--|
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Family or Friend | <input type="checkbox"/> RSVP | <input type="checkbox"/> Self Referral |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Church | <input type="checkbox"/> ASPIRE Program | <input type="checkbox"/> Other |
| <input type="checkbox"/> Auxiliary | <input type="checkbox"/> School | <input type="checkbox"/> Advertisement | |

◆ List past volunteer experiences: _____

◆ Please explain why you want to volunteer and what you hope to accomplish volunteering.

When are you able to begin? _____ How many hours weekly would you like to volunteer? _____

What days and time do you *prefer* to volunteer? *(Please check)*

- | | | | | | | |
|------------------------------|----------------------------------|------------------------------------|----------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> Sun | <input type="checkbox"/> Mon | <input type="checkbox"/> Tue | <input type="checkbox"/> Wed | <input type="checkbox"/> Thu | <input type="checkbox"/> Fri | <input type="checkbox"/> Sat |
| | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | | | |

How long do you plan to commit to volunteering? *(Please check)*

- Less than 6 months One year Longer than one year The school year (Sep-Jun)

Have you ever volunteered at Northern Light Eastern Maine Medical Center or other Northern Light Health organization? Yes___ No___ Yr(s)_____ Or employed by same? Yes___ No___ Yr(s)_____

If yes, list organization name: _____

Please consider carefully: Have you ever been convicted of a crime or pled guilty, NOLO, or no contest?

Yes___ No___ (Conviction of a crime does not necessarily disqualify the applicant from consideration. A crime includes the conviction of a Class A, Class B, Class C, Class D, or Class E crime in Maine, or a misdemeanor or felony in another state.)

If yes, please explain with dates and details:

Is there a criminal action pending against you? Yes___ No___

If yes, please explain with dates and details:

List 2 references (not relatives) familiar with your interests, skills, and abilities with people.

Name: _____ Day Phone: _____

How does this person know you? _____ E-Mail: _____

Name: _____ Day Phone: _____

How does this person know you? _____ E-Mail: _____

Northern Light Eastern Maine Medical Center provides volunteer opportunities to qualified applicants without regard to race, color, religion, sex, age, ancestry or national origin and mental or physical disability. No question on this application is intended to secure information to be used for discriminatory purposes.

Volunteer position offers are contingent upon:

1. Receipt of acceptable recommendations from references.
2. Departmental or program leader approval.
3. Completion of the Volunteer Health Screening and release, including TB screening and Rubella, Rubeola, Mumps and Chicken Pox immunizations (if needed).
4. Criminal background check

I understand that I will discuss with Volunteer Services all reasonable accommodations I may need in order to perform the duties required by the volunteer position I am offered.

___ YES ___ NO

We are happy to include your health specialists in making reasonable accommodations for your success.

Consideration for certain volunteer positions requires additional screenings and will be discussed at time of offer.

The information provided by me on this application is correct and complete to the best of my knowledge and belief. I understand that any false or misleading statements made on this application may result in refusal of my volunteer service.

I authorize Northern Light Eastern Maine Medical Center to verify any information in the application and to contact my references.

Signature

Date

VOLUNTEER MATCHING SURVEY

With this tool, we can best match your interests with available volunteer opportunities.

What type of activities interest you? Please check all that apply.

***Waiting list currently active**

- | | | |
|--|---|--|
| <input type="checkbox"/> Animal Assisted Therapy | <input type="checkbox"/> Clerical | <input type="checkbox"/> Caring Calls |
| <input type="checkbox"/> Retail (Gift Shop) | <input type="checkbox"/> Spiritual Care | <input type="checkbox"/> Reiki |
| <input type="checkbox"/> Peer to Peer (Support Groups) | <input type="checkbox"/> Food/Nutrition | <input type="checkbox"/> NICU Cuddlers* |
| <input type="checkbox"/> Palliative Care | <input type="checkbox"/> Patient Assistance/Hospitality | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Landscaping/Greenspace | <input type="checkbox"/> Music/Art | <input type="checkbox"/> Education/Medical Library |
| <input type="checkbox"/> Other – please specify: | | |

Please list any relevant specialized skills you have that you would like to utilize:

Please list any relevant certifications or qualifications that you would like us to consider:

What demographic are you interested in serving?

- | | | |
|---|--|---|
| <input type="checkbox"/> Patients: Children/Teens | <input type="checkbox"/> Patients: Seniors | <input type="checkbox"/> Patient: Adults |
| <input type="checkbox"/> Patients: Veterans | <input type="checkbox"/> Hospital Staff | <input type="checkbox"/> Patient Families |
| <input type="checkbox"/> Cancer Patients | | |

Are there any specific programs that you have heard about that you would like to volunteer in? If so, please list them below.
