



Name: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Relationship to You: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Have you ever been asked to leave or been terminated from a previous position? YES \_\_\_ NO \_\_\_  
(describe)

Have you ever been convicted of a crime or pled guilty, NOLO, or no contest? YES \_\_\_\_\_ NO \_\_\_\_\_  
(Convictions of a crime do not necessarily disqualify the applicant from consideration. A crime includes the convictions 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:

\_\_\_\_\_  
\_\_\_\_\_

**List 3 References (not relatives) familiar with your interests, skills, abilities with people or work experience.**

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_  
How does this person know you? \_\_\_\_\_

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_  
How does this person know you? \_\_\_\_\_

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_  
How does this person know you? \_\_\_\_\_

Northern Light Inland Hospital 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 positions 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, include 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 \_\_\_

Consideration for certain volunteer positions requires additional screenings and will be discussed at time of offer. I understand that any false or misleading statements made on this application may result in refusal of my volunteer service.

I authorize Northern Light Inland Hospital to verify any information in the application and to contact my references.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date