

**APPLICATION FOR VOLUNTEER SERVICE**

Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_  
Mailing Address: \_\_\_\_\_ SS# \_\_\_\_\_  
Town: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**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)*

☐ Volunteer ☐ Family or Friend ☐ RSVP ☐ Self-Referral  
☐ Employee ☐ Church ☐ Advertisement ☐ Other

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)*

☐ Sun ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat  
☐ Morning ☐ Afternoon ☐ 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 previously at AR Gould Hospital or other Northern Light Health organization?

☐ Yes    ☐ No     Yrs.(s)    Or employed by same?    ☐ Yes    ☐ No     Yrs.(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 AR Gould 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 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 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.

## 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.

- |  |   |
|--|---|
| <input type="checkbox"/> Clerical                  | <input type="checkbox"/> Food/Nutrition                 |
| <input type="checkbox"/> Palliative Care           | <input type="checkbox"/> Patient Assistance/Hospitality |
| <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:

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

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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.

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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 AR Gould Hospital to verify any information in the application and to contact my references.

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Signature

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Date