EASTERN MAINE MEDICAL CENTER
APPLICATION FOR ADULT VOLUNTEER SERVICE

Eastern Maine Medical Center℠
Inspiring confidence in care

If you have selected an orientation date, please indicate it here:_____

Last Name:_____ Date: ____/____/____

First Name:_____ Middle Initial: _____

Mailing Address:_____ How long at this address? _____

Town: _____ Zip: _____

Home Phone:_____ Work Phone: _____ Cell Phone:_____

E-mail Address:_____

IN CASE OF EMERGENCY, CONTACT:

Name: _____ Home Phone: _____

Relationship to you: _____ Work Phone: _____

ARE YOU *(please check one)* Employed___ Unemployed___ Retired___ College Student___

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

___ Volunteer ___ Family or Friend ___RSVP/United Volunteers ___ other: _____

___ Employee ___ Church ___ ASPIRE Program _____

___ Auxiliary ___ School ___ Advertisement ___ Self referral

- List past volunteer experiences:_____

_____

- List any professional licenses or certifications you currently hold: _____

_____

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

_____

_____

- List your interests, skills and experience that may be useful as you volunteer.

_____

_____

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 ___

Will you be away from your volunteering for extended periods of time? _____

How long do you expect to volunteer? *(Please check)*

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

Have you ever volunteered at EMMC or other EMH organization? Yes___ No___ Yr(s)_____

Have you ever been employed by EMMC or other EMH organization? 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? _____

Name: _____ Day Phone: _____

How does this person know you? _____

EMMC 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 EMMC to verify any information in the application and to contact my references.

_____ _____

Signature Date