

**EASTERN MAINE MEDICAL CENTER  
APPLICATION FOR ADULT VOLUNTEER SERVICE**



Please do not leave any blanks.

Last Name: _____	Date: ____/____/____
First Name: _____ Middle Initial: _____	
Mailing Address: _____	How long at this address? _____
Town: _____ Zip: _____	
Home Phone: _____ Work 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)*

<input type="checkbox"/> Volunteer	<input type="checkbox"/> Family or Friend	<input type="checkbox"/> RSVP/United Volunteers	<input type="checkbox"/> other: _____
<input type="checkbox"/> Employee	<input type="checkbox"/> Church	<input type="checkbox"/> ASPIRE Program	_____
<input type="checkbox"/> Auxiliary	<input type="checkbox"/> School	<input type="checkbox"/> Advertisement	<input type="checkbox"/> 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:

\_\_\_\_\_

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**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? \_\_\_\_\_

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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

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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