



200 Kennedy Memorial Drive, Waterville, ME 04901

VOLUNTEER APPLICATION

Name: _____
Last
First
MI

Mailing Address: _____
Street

City
State
Zip

E-Mail: _____

Phone: _____
Home
Work
Cell

Are You (*please check one*) Employed Unemployed Retired Student

Please provide experience(s) for the past 3 years: Jobs, school activities, community involvement and special hobbies. **List most recent first.**

Company or School	Course of Study/Duties Performed	Date Started	Date Ended
Name: Reason for Leaving:			
Name: Reason for Leaving:			
Name: Reason for Leaving			

In Case of an Emergency, Contact:

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? _____

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

Signature

Date