



## Application For MCMH Volunteer Services

### Personal Information:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Hobbies \_\_\_\_\_

Birthday (*Month & Date only*): \_\_\_\_\_

Who recommended Volunteer Service at MCMH to you?: \_\_\_\_\_

Do you have any limitations or health concerns, which should be taken into consideration before determining a volunteer assignment? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

In what area of the hospital would you like to volunteer? \_\_\_\_\_

Are you willing to help with special events (e.g. Fund raisers etc.)? \_\_\_\_\_

Are you willing to attend a scheduled Education Day once a year? \_\_\_\_\_  
(Education Day is held the first Tuesday of each month, 7:15 a.m. to 11:30 a.m.)

### Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Personal Reference:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Permission to call reference: Yes \_\_\_\_\_ No \_\_\_\_\_

**Availability (Please write in hours available on this chart)**

<b>Time</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Morning</b>					
<b>Afternoon</b>					

Do you have any special skills, such as typing or computer training that may help us place you for your volunteer job?

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In the event of injury while I am on duty at Maine Coast Memorial Hospital, the hospital has my consent for treatment in the Emergency Room.

I understand that due to the sensitive nature of the services provided by this hospital, all information pertaining to patients is strictly confidential.

I also understand that I will be able to volunteer within the hours that I have agreed. If I cannot be available during those hours for a particular reason on a particular day, I will notify the Volunteer Coordinator in advance.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please mail or fax this application to:**

Terry Swanson  
 Director of Volunteer Services  
 Maine Coast Memorial Hospital  
 50 Union Street  
 Ellsworth, ME 04605

Voice 207 664-5318  
 Fax 207 664-5388