



## Application For MCMH Junior Volunteer

### Personal Information:

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

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

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Name of School: \_\_\_\_\_ School Phone: \_\_\_\_\_

What are your hobbies? \_\_\_\_\_

What are your career interests?

\_\_\_\_\_  
\_\_\_\_\_

Why do you want to become a Junior Volunteer?

\_\_\_\_\_  
\_\_\_\_\_

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.)

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

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

### Emergency Contact:

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

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

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

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

**To Be Completed by Parent/Guardian:**

I am willing for \_\_\_\_\_ to participate as a Junior Volunteer at Maine Coast Memorial Hospital.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

In the event of injury while \_\_\_\_\_ is assigned to service duties at Maine Coast Memorial Hospital, I give my consent for treatment in the Emergency Room.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**REQUIRED: A record of current immunization status.**

- DTP
- Measles
- Mumps
- German Measles
- Have you had Chicken Pox? \_\_\_\_\_

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

Time	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

*As a Junior Volunteer, I will do my best to follow the schedule given to me and to abide by the rules and regulations. I will keep, in confidence, any hospital business I may know and any patient's business he/she may choose to tell me. I will try at all times to be a cheerful, helpful part of the hospital community and a good example for the Junior Volunteers.*

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

**Please forward this application to:**

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