



ADULT VOLUNTEER APPLICATION

Please complete and submit both pages of two-page application to address on reverse.

PLEASE PRINT CLEARLY

Applicant's name: _____

Date of Birth: _____ Current age: _____

Date of application: _____ Home phone: _____

Email address: _____ Cell phone: _____

Home address: _____
Street address City State Zip Code

Brief description of types of jobs you currently hold or have held in the past:

Job skills or special training:

Prior volunteer experiences:

Memberships in community organizations:

Do you have reliable transportation? _____

Do you have limitations, handicaps or health conditions that should be taken into consideration before determining a volunteer assignment? _____

If so, please explain: _____

Circle one or more days that you are available to volunteer: M - T - W - TH - F

Circle preferred shift time: 8:00am - 12:00pm or 12:00pm - 4:00pm

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References are required. Please list the names of two references and their phone numbers. Clergy references are also acceptable. Do not list relatives.

1. _____

2. _____

Please list names and phone numbers of two relatives or friends to contact in an emergency. Please note their relationship to you (spouse, child, sibling, friend, etc.).

1. _____

2. _____

Do you have family members or friends who work for our organization? If so, please note their names and relationship to you:

CONFIDENTIALITY STATEMENT:

I, _____, a volunteer applicant of the St. Mary's Health System, understand and agree that any **confidential** information regarding patients, residents, employees, visitors and fellow volunteers, or any other information which is disclosed to me or that I learn or observe, is **confidential**. I understand that if I disclose any such **confidential** information that this could lead to disqualification as a volunteer applicant or dismissal as a volunteer. All information provided in this application is accurate and I agree that the St. Mary's Health System may contact my references as appropriate and that a background check may be conducted.

Signature: _____ Date: _____

HARRASSMENT POLICY:

I, _____, a volunteer of St. Mary's Health System, understand that this organization has a zero-tolerance policy for harassment/bullying of any type. I understand that if I behave in a manner unfitting to our harassment policy or core values, my actions could lead to my dismissal.

Immunization information:

All hospital and nursing home volunteers will be asked to provide evidence of a Tuberculosis (TB) skin test. The test can be administered by your personal physician or by St. Mary's staff at no charge. All volunteers born after 1957 will also be required to provide a current copy of your immunization records including evidence of immunization against measles, (Rubella and Rubeola) and a reliable history of chicken pox. All volunteers will be required to submit proof of COVID-19 vaccination record.

Upon receipt of your application, you will be contacted for an interview if your background and skills match our current volunteer needs.

Please return your completed application to:

St. Mary's Regional Medical Center
Volunteer Services Department
P.O. Box 291, Lewiston ME 04243-0291
Telephone: (207) 777-8368
www.stmarysmaine.com