



## ADULT VOLUNTEER APPLICATION

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

### PLEASE PRINT CLEARLY

Applicant's name: \_\_\_\_\_ Social Security # \_\_\_\_\_

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:

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Job skills or special training:

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Prior volunteer experiences:

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Memberships in community organizations:

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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:

mornings or afternoons

## St. Mary's Health System – Adult Volunteer Application Form – Page Two

**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. The State of Maine requires immunizations against Measles (Rubeola), Mumps, Rubella, Varicella (Chicken Pox), and Pertussis (usually combined with tetanus as tdap). Annual flu and Covid 19 vaccines are also required. Hepatitis B is optional. All volunteers will be required to submit proof of both Flu and COVID-19 vaccination records.

***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