



VOLUNTEER APPLICATION

Date _____

Name: _____
Last First MI

Mailing Address: _____
Street

City State Zip

Alternate Address: _____
Street

City State Zip

E-Mail: _____

Phone: _____
Home Work Cell

Experience(s) for past 3 years – jobs, school activities, community involvement, and special hobbies
 – List most recent first.

Company / School	Duties Performed	Started	Ended
Name: Reason for Leaving:			
Name: Reason for Leaving:			
Name: Reason for Leaving:			



Emergency Contact: _____ Relationship: _____

Phone: _____
Home Work Cell

Have you ever been terminated from, or asked to leave a previous position? YES NO
Describe:

Have you ever been convicted of, or are you presently charged with, any crime involving a sex offense, an assault, or the use of force or a weapon? YES NO
Describe:

Have you ever been convicted of, or are you presently charged with, reckless driving, operating a motor vehicle while under the influence, or driving to endanger? YES NO
Describe:

Have you ever been convicted of, or plead guilty to, or nolo contendere (no contest), to a crime, or are you presently charged with a crime? YES NO
Describe:

Have you ever been convicted or had a complaint filed against you of client abuse, neglect, or misappropriation of client funds or property? YES NO
Describe:

Failure to describe convictions at the time of application may result in rejection of application or dismissal.

Please read carefully and sign:

I have applied to volunteer at MaineGeneral Health and authorize them to contact references, past or present employers and any other source of information which may be relevant to my application.

If placed as a volunteer, I understand that this application will be made part of my volunteer record. Any misrepresentation or omission of pertinent facts or information may be cause for immediate dismissal. I understand that my volunteer position may be terminated at any time by either myself or MGH. Further, I understand that if I accept the volunteer position offered such placement is conditional on the results of pertinent health screening, a background check and/or motor vehicle record check, as pertains to the volunteer service that I will be performing.

Applicant Signature

Date

Please be advised if you are chosen to volunteer at MaineGeneral Health, a background check may be performed.