



Adult Volunteer Application

(Applicant must be at least 18 years old)

BASIC INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone/Cell: _____ Email: _____

EDUCATION

Highest Level of Education: _____ Awarded: GED Diploma Degree

Degree or Course of Study: _____

ADDITIONAL INFORMATION

How did you learn about our volunteer program: _____

Have you previously worked or volunteered at St. Joseph Healthcare: Yes No

If yes, in what capacity: Employee Adult Volunteer Junior Volunteer Other: _____

List any prior volunteer experience: _____

Why do you want to volunteer at St. Joseph Healthcare: _____

List any skills or talents that may be useful as you volunteer: _____

Have you ever been convicted of a crime or pled guilty, NOLO, or no contest? Yes No

If yes, please explain with dates and details: _____

AVAILABILITY

Please check the days and shifts that you would be available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning (8am-12pm)							
Afternoon (12pm-4pm)							
Evening (4pm-6pm)							

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Home: _____ Work: _____

I certify that answers given herein are true and complete. I understand that false, incomplete or misleading information given in my application or interview may cause denial of acceptance into, or dismissal from, the volunteer program. I authorize investigation of all statements contained in this application.

I authorize St. Joseph Healthcare to contact the references I provided to obtain any information they may have concerning me, on record or otherwise. I hereby release all such persons from liability to me for providing any information and induce them to respond candidly to such inquires. I understand that this information is to be released in confidence and will not be shared with me, and I waive any right to review it.

I authorize St. Joseph Healthcare to conduct a background check utilizing the exclusion list provided by the United States Department of Human Services Office of Inspector General, to conduct a background check utilizing the exclusion list provided by Excluded Parties List System, to conduct a background check utilizing the exclusion list provided by MaineCare, and to conduct a criminal record background check from public resources.

I understand that St. Joseph Healthcare is not obligated to provide placement, nor am I obligated to accept any volunteer opportunity offered. I understand that accepting applications does not necessarily mean that current openings exist. I understand that all offers for placement are conditioned on the satisfactory outcome of review of exclusion lists, criminal record history, completion of volunteer orientation, and clearance by St. Joseph WorkWell/Employee Health Department.

Applicant Signature: _____ Date: _____

Return completed application to:

Volunteer Services
St. Joseph Healthcare
PO Box 403
Bangor, ME 04402-0403