

NORTHERN LIGHT HOME CARE & HOSPICE APPLICATION FOR VOLUNTEER SERVICE

Last Name: _____	Date: _____
First Name: _____	Middle Initial: _____
Mailing Address: _____	How long at this address? _____
Town: _____ State: _____	Zip: _____
Home Phone: _____	Work Phone: _____ Cell Phone: _____
E-mail Address: _____	

IN CASE OF EMERGENCY, CONTACT:

Name: _____	Home Phone: _____
Relationship to you: _____	Work Phone: _____
	Cell Phone: _____

ARE YOU (please check one) Employed Unemployed Retired College Student

How were you referred to us?

- ◆ List any professional licenses or certifications you currently hold:

- ◆ Please explain why you want to volunteer and what you hope to accomplish volunteering.

- ◆ List your interests, skills and experience that may be useful as you volunteer.

When are you able to begin? _____ How many hours weekly would you like to volunteer? _____

What days and time do you prefer to volunteer? (Please Check)

Sun Mon Tues Wed Thu Fri Sat Morning Afternoon Evening

Will you be away from your volunteering for extended periods of time? _____

How long do you expect to volunteer? (Please check)

Less than 6 months One year Longer than one year The school year (Sep –Jun)

Have you ever volunteered; if yes please list organizations _____

Have you ever been employed by any NLH organization? Yes No Year(s) _____

If yes, list organization name: _____

Please consider carefully: Have you ever been convicted of a crime or pled guilty, NOLO, or no contest? Yes No
(Conviction of crime does not necessarily disqualify the applicant from consideration. A crime includes the conviction of a Class A, Class B, Class C, Class D, or Class E crime in Maine, or a misdemeanor or felony in another state,.) If yes, please explain with dates and details:

List 2 (*non-relatives*) familiar with your interests, skills, and abilities with people.

Name: _____ Day Phone: _____

How does this person know you? _____ Email: _____

Mailing Address: _____ Town: _____ State: _____ Zip: _____

Name: _____ Day Phone: _____

How does this person know you? _____ Email: _____

Mailing Address: _____ Town: _____ State: _____ Zip: _____

Northern Light Home Care & Hospice (NLHCH) provides volunteer opportunities to qualified applicants without regard to race, color, religion, sex, age, ancestry or national origin and mental or physical disability. No question on this application is intended to secure information to be used for discriminatory purposes.

Volunteer position offers are contingent upon:

1. Receipt of acceptable recommendations from references.
2. Departmental or program leader approval.
3. Completion of the Volunteer Health Screening and release, including TB screening and Rubella, Rubeola, Mumps and Chicken Pox immunizations (if needed).
4. Criminal background check
5. Driving History Check

I understand that I will discuss with Volunteer Services all reasonable accommodations I may need in order to perform the duties required by the volunteer position I am offered.

YES NO

We are happy to include your health specialists in making reasonable accommodations for your success.

Consideration for certain volunteer positions requires additional screenings and will be discussed at time of offer.

The information provided by me on this application is correct and complete to the best of my knowledge and belief. I understand that any false or misleading statements made on this application may result in refusal of my volunteer service.

I authorize NLHCH to verify any information in the application and to contact my references.

I understand that volunteer services for NLHCH are always based on the ongoing mutual agreement of the agency and the volunteer.

Signature

Date

Return this form to: Northern Light Home Care & Hospice Volunteer Services

225 Gorham Rd., Suite
200 South Portland, ME
04106

885 Union St., Suite 220
Bangor, ME 04401

18 Green Hill Dr., Suite 1
Presque Isle, ME 04769