

Knox Center for Long Term Care



6 White Street
Rockland, Maine 04841
207-594-6800 ~ fax 207-594-6834
www.knoxcenter.org

VOLUNTEER APPLICATION

Date: _____

1. CONTACT & DEMOGRAPHIC INFORMATION

Name: _____

Address: _____

Phone: _____

Email: _____

Birthday (day & month only, optional): _____

Are you under the age of 18? Yes No

If yes, please note that your parent or legal guardian must sign this application to authorize your participation in our volunteer program.

2. SCHOOL / WORK INFORMATION

Students under 18:

School: _____ Grade: _____

May we contact your school for a reference? Yes No

.....

All others:

Current or most recent Employer

Name of Company: _____

Street Address: _____

City, State, Zip: _____

Contact Name & Phone Number: _____

May we contact this employer for a reference? Yes No

3. EMERGENCY HEALTH & CONTACT INFORMATION

Do you have any health conditions that would require restrictions or modifications of your function in the volunteer program, or that would require special treatment in a medical emergency?

Please explain: _____

Person to reach in case of emergency:

NAME: _____

ADDRESS: _____

PHONE: _____

4. SKILLS, INTERESTS, HOBBIES & SCHEDULE

What skills, interests and/or hobbies do you have that might apply to volunteer work here?

Why do you want to volunteer?

What sort of tasks would you like to be assigned as a volunteer?
(feel free to think outside the box!)

What days and times are you available?

Monday	_____	Friday	_____
Tuesday	_____	Saturday	_____
Wednesday	_____	Sunday	_____
Thursday	_____		

How often would you like to volunteer?

Weekly
 Monthly
 Special Events

Other (please explain): _____

Would you like us to contact you to let you know of special volunteer opportunities (i.e. picnics, outings, etc.) for which we need additional volunteers?

Yes
 No

5. REFERENCES

Do any of your friends or relative work here?

_____	_____	_____
(Name)	(Relationship)	(Contact Number)
_____	_____	_____
(Name)	(Relationship)	(Contact Number)

Please also provide at least two additional references who are not related to you:

_____	_____	_____
(Name)	(Relationship)	(Contact Number)
_____	_____	_____
(Name)	(Relationship)	(Contact Number)

6. THE OTHER STUFF WE NEED TO ASK

Have you ever been convicted of a felony?
 Yes
 No

If yes, please note that we will request more information and discuss the information with you when you are interviewed.

If your photograph is taken during the course of your duties as a volunteer, may we use it for editorial and/or marketing purposes (including but not limited to newsletters, press releases, brochures and website)?
 Yes
 No

If you are professionally licensed in the healthcare field, has any action ever been taken against your licensure?
 Yes
 No

7. AUTHORIZATION & CERTIFICATION

If selected for a volunteer position at the Knox Center, I understand that:

- I will be providing volunteer service with residents, staff and other volunteers with equal respect as to race, color, religion, ancestry or national origin, age, sex, physical or mental disabilities, or sexual orientation.
- I must abide by the nursing home regulations and Knox Center/Pen Bay Healthcare policies and code of conduct.
- I am expected to maintain the confidentiality and dignity of patients, families, staff and other volunteers as we partner to provide excellent service to our community.
- I am expected to adhere to the Pen Bay Healthcare values as I perform my duties as a volunteer.

I hereby certify that this application contains no willful misrepresentation or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I understand that my answers may be verified and that I may be declared ineligible for appointment or dismissed from Knox Center for Long Term Care volunteer assignment if there are any misstatements or material omissions. I understand that if chosen as a volunteer, I will not have any contract and may be removed from the volunteer list at any time without advance notice at the will of the Knox Center for Long Term Care.

(Applicant Signature)

(Date)

*(Signature of parent or legal guardian
if applicant is under 18 years of age.)*

(Date)

Please return completed application to:

**Knox Center For Long Term Care
Attn: Volunteer Services
6 White Street
Rockland, ME 04841**