

# *Thank you for choosing Central Maine Medical Center Volunteer Department!*

CMMC

Other CMH, i.e. Bolster Heights

Please complete and submit both pages of the two-page application to CMMC, Volunteer Department,  
300 Main Street, Lewiston, Maine.

## **Please print clearly in block letters.**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_ Date of application: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Home address: \_\_\_\_\_  
Street address City State Zip Code

Mailing address if different: \_\_\_\_\_

Office/business name/location: \_\_\_\_\_

Last Year of school completed: \_\_\_\_\_ Name of School: \_\_\_\_\_

Brief description of work you currently do or have done in the past: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special skills or training: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Prior volunteer experiences: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List memberships in community organizations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have reliable transportation: \_\_\_\_\_

Are there any limitations or health conditions that should be taken into consideration in terms of determining  
a volunteer assignment? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## References are required

Please the names of two references are not relatives with contact phone number.

1. \_\_\_\_\_
2. \_\_\_\_\_

Please the names two relatives with contact phone number and their relationship to you to contact in case of an emergency.

1. \_\_\_\_\_
2. \_\_\_\_\_

## Days and times I am available to volunteer, please check the appropriate circle.

- Monday       Tuesday       Wednesday       Thursday       Friday
- 8 a.m. to noon       Noon to 4 p.m.

Do you have family members or friends who work for CMMC? If so please list their name(s) and relationship to you:

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## Confidentiality Statement:

I, \_\_\_\_\_, a volunteer/volunteer applicant of Central Maine Healthcare, 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 Central Maine Healthcare may contact any references as appropriate and that a background check may be conducted.

### Photo and Publicity:

Central Maine Healthcare has permission to use my image for public relations purposes.

Please check one:     yes       no

## Immunizations

You will be required to receive a Tuberculin skin test (PPD) in our Employee Health Services prior to your volunteer experience. This will be scheduled for you for the Volunteer Services director and will free of charge to you. This skin test must be performed annually to maintain active volunteer status. **All volunteer applicants must also provide a copy of your immunization records.**

**Mail competed application to: CMMC, Volunteer Department, 300 Main Street, Lewiston, Maine 04240**