



MID COAST-PARKVIEW HEALTH

Volunteers



Mid Coast-Parkview Health Application for Junior Volunteer Service

Important: To participate in the Junior Volunteer program, you must be at least 13 years old before June 30th.

An asterisk () indicates a required field.*

Name & Address

First Name:	*
Last Name:	*
Address:	*
City:	*
State:	*
Zip:	*
Primary Phone:	*
Email Address:	*

Profile Information

Date of Birth:	*
	/ /
Sex:	* <input type="checkbox"/> Female <input type="checkbox"/> Male
Polo Shirt Size (<i>men's sizes</i>):	* <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL <input type="checkbox"/> XXL

Availability

Please indicate the days and times you will be able to volunteer.

	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
From:							
To:							

I would like to serve up to:	_____ hours	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> One time
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Parent/Guardian

First Name:	*
Last Name:	*
Primary Phone:	*
Work Phone:	
Cell Phone:	
Email Address:	*

School Information

School:	*
School Guidance Counselor:	*
Guidance Counselor Phone:	*

Personal Reference

No family members can be used.

First Name:	
Last Name:	
Primary Phone	
Work Phone:	
Cell Phone:	
Email Address:	
Relationship:	<input type="checkbox"/> Co-Worker <input type="checkbox"/> Friend/Neighbor <input type="checkbox"/> Guidance Director or Counselor <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Relative <input type="checkbox"/> Spouse

Confidentiality & Volunteer Agreement

I understand that any information that I have access to regarding patients, such as a patient's name, is confidential and must not be repeated to anyone inside or outside of this hospital. I understand that disclosing patient information in any form can lead to my dismissal as a volunteer.

I also understand that I am filling a critical job at the hospital and will commit to volunteering within the hours that I have agreed upon. In the event of an emergency, if I cannot be available to honor my volunteer commitment, I will notify the Volunteer Services office at (207) 373-6015 **as soon as possible**.

The information that I have provided on this application form is correct and complete to the best of my knowledge.

Signature

Date

Please return your completed application to Shannon Coray, Director of Volunteer Services, at Mid Coast Hospital, 123 Medical Center Drive, Brunswick.