Dear Volunteer,

Welcome to the Maine Veterans’ Home. We appreciate your volunteering with us and ask that you take a few moments to fill out the attached application. This enables us to make sue that you have a safe and enjoyable experience in our facility.

All new volunteers are asked to attend a Volunteer Orientation prior to beginning their specific volunteer assignment. Orientation is offered on an individual basis as requested per group. The group orientation is scheduled as needed and new volunteers are notified at least one week in advance.

Our volunteers are asked to follow the same dress code as our employees. Volunteer identification pins are to be worn for easy identification by staff, residents and guests. Clothes must be neat and clean, volunteers must be well groomed. Jeans, shorts, overalls, mini-skirts, athletic clothing, T-shirts, logos, tank tops, bare shouldered apparel and open-toe footwear are prohibited. We also ask that for the consideration of our residents, volunteers refrain from wearing heavy scents.

We ask our volunteers to sign in and out with each shift.

Volunteer hours are tallied and recorded monthly. Volunteers are also required to have a TB test (at no expense to themselves) or show us an up-to-date test result.

Most importantly, we hope that our volunteers enjoy themselves and gain from this experience. We thank you for your offered time and look forward to working together.

Sincerely,

[Signature]

Editha Young
Activities/Volunteer Supervisor

Ingrid Holyoke
Activities/Volunteer Coordinator
Residential Care
MAINE VETERANS' HOMES
APPLICATION FOR VOLUNTEER SERVICES
An equal opportunity employer
Reasonable accommodations considered upon request

YOUR NAME: Last ____________ First ____________ MI ____________

MAILING ADDRESS: City ___________________ State ____________ Zip Code ____________

TELEPHONE # ________________________________

NICKNAME ________________________________ ARE YOU A VETERAN? ____________

ARE YOU 18 YEARS OLD OR OLDER? ______ If NO, Parent must sign below.

EMERGENCY NOTIFICATION: Name ________________________________
Telephone ________________________________ Relationship ________________________________

FACILITY LOCATION: (circle) Augusta Bangor Caribou Machias Scarborough S. Paris

WHEN ARE YOU AVAILABLE TO WORK:

Please circle one SUN MON TUES WED THU FRI SAT

# OF HOURS PER WEEK ________ TIME: A.M. ________ MIDDAY ________ P.M.

DO YOU SPEAK FOREIGN LANGUAGES? (If yes, specify) ________________________________

TELL US ABOUT ANY EDUCATION AND/OR TRAINING THAT MAY PROVE USEFUL IN VOLUNTEER SERVICE: ________________________________

________________________________________

PRESENT OR LAST EMPLOYER:

EMPLOYER NAME: ________________________________
EMPLOYER ADDRESS: ________________________________
YOUR TITLE ________________________________

HAVE YOU EVER BEEN CONVICTED OF A CRIME, OTHER THAN A NON-ALCOHOL RELATED TRAFFIC OFFENSE? Yes ______ No _______. IF YOU ARE SELECTED TO BE A VOLUNTEER, A CRIMINAL BACKGROUND CHECK WILL BE COMPLETED. IF THE ANSWER IS YES, YOU MUST COMPLETE THE ATTACHED EXPLANATION FORM.

___________________________
DO YOU HAVE A PERSON WHO RESIDES IN YOUR HOUSEHOLD OR RELATIVE WHO WORKS AT MAINE VETERANS’ HOMES? Yes___ No____. IF YES, PERSON’S NAME: __________________ RELATIONSHIP: __________________ DEPT: _______________ SHIFT ________________.

LIST ORGANIZATIONS WHERE YOU ARE A MEMBER OR VOLUNTEER:

________________________________________

________________________________________

________________________________________

LIST YOUR INTERESTS, SKILLS, HOBBIES AND TALENTS:

________________________________________

________________________________________

________________________________________

DO YOU HAVE ANY PREVIOUS VOLUNTEER EXPERIENCE? Yes___ No____
IF YES, PLEASE EXPLAIN:

________________________________________

________________________________________

________________________________________

(STUDENTS) PLEASE LIST SCHOOL ACTIVITIES YOU ARE INVOLVED IN:

________________________________________

________________________________________

________________________________________

WHY DO YOU WANT TO VOLUNTEER AT THE MAINE VETERANS’ HOMES?

________________________________________

________________________________________

________________________________________

DID SOMEONE REFER YOU? Yes___ No____

PLEASE LIST THE PERSON’S NAME: __________________________
BELOW WE HAVE LISTED SOME IDEAS FOR VOLUNTEERS, PLEASE CIRCLE ALL THAT YOU WOULD BE INTERESTED IN. FEEL FREE TO ADD ANY THAT WE MAY HAVE MISSED.

**Typing**  **Filing**  **Record Updating**

**Sign Language**  **Public Relations**  **Volunteer Coordination**

**Calligraphy**  **Crafts**  **Photography**

**Storytelling**  **Journalism**  **Graphic Arts**

**Group Affiliation Work**  **Escort/Transport**

**Visiting**  **Delivering Mail**  **Resident Family**

**Consolation**  **Resident Amenities/Room Service**

**Baking**  **Reading**  **Messenger**

**Drawing**  **Painting**  **Clowning**

**Event Hosting**  **Gardening**  **Playing Cards**

**Music**  **Food Preparation**  **Bingo**

**Program Aide**  **Other:**

PLEASE LIST TWO REFERENCES, NOT RELATED TO YOU, WHO ARE FAMILIAR WITH YOUR SKILLS, INTERESTS, AND ABILITIES WITH PEOPLE:

**Name:** ______________________  **Day Phone:** ______________________

**Address:** ________________________________________________________

**Name:** ______________________  **Day Phone:** ______________________

**Address:** ________________________________________________________

**Name:** ______________________  **Day Phone:** ______________________

**Address:** ________________________________________________________
IF SELECTED FOR VOLUNTEER SERVICES, I UNDERSTAND THAT:

1. 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.

2. I MUST ABIDE BY THE NURSING HOME REGULATIONS AND MAINE VETERANS’ HOMES POLICIES AND CODE OF CONDUCT.

3. THE SAME STANDARDS OF CONDUCT WILL BE EXPECTED OF ME AS ARE EXPECTED OF ALL EMPLOYEES OF THE MAINE VETERANS’ HOMES.

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 Maine Veterans’ Homes volunteer assignment if there are any misstatements or material omissions. I agree that my present employer and any previous employers may be contacted for references prior to the Maine Veterans’ Homes extending me an offer to volunteer. I understand that if chosen as a volunteer, I will not have any contract and may be terminated at any time without advance notice at the will of Maine Veterans’ Homes.

_________________________________________  ____________________________
VOLUNTEER SIGNATURE                         DATE
CRIMINAL HISTORY INFORMATION CHECK

If you answered yes on your application form that you have been convicted of a crime, other than non-alcohol related routine traffic offense, please explain below:

Please give the details of the incident that brought the conviction about:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please explain why you committed the act that brought about your conviction:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature of Volunteer Applicant ___________________________ Date __________
AUTHORITY FOR RELEASE OF INFORMATION/PERMISSION FOR CRIMINAL HISTORY CHECK

To Whom It May Concern:

I hereby authorize any representative of the Maine Veterans’ Homes bearing this release, or a copy thereof, to obtain any information from federal, state and/or local agencies or bodies, criminal justice agencies or individuals, relating to my activities. This information may include but is not limited to: Department of Human Services, personal history, disciplinary, arrest and conviction records. I hereby direct you to release such information upon request of the bearer.

I hereby authorize the requested individual, company or institution to furnish the Maine Veterans Homes with any information they may have on record or otherwise concerning me. In addition, I hereby release the individual, company or institution and all individuals connected therewith, including the Maine Veterans’ Homes from all liability for any damage whatsoever incurred in furnishing such information.

I understand that the information released is for official use by the Maine Veterans’ Homes in reference to consideration of the undersigned for Volunteer Services and that this information may be re-disclosed to such third parties as necessary to determine my suitability for volunteering at said Maine Veterans’ Homes.

I HAVE READ, UNDERSTAND, AND AUTHORIZE THE ABOVE RELEASE OF INFORMATION.

______________________________  _______________________
Volunteer Signature          Date

______________________________  _______________________
Current Name       Former Names

______________________________
Current Street & Mailing Address

______________________________  _______________________
City          State          Zip Code

______________________________
Social Security Number          Date of Birth