



MAINE VETERANS' HOMES

caring for those who served

BANGOR
44 HOGAN ROAD
BANGOR, ME 04401
1-888-684-4665

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 sure 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.

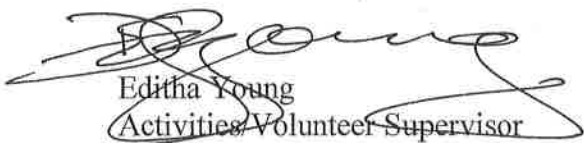
Our volunteers are asked to follow the same dress code as our employees. Volunteer identification pins are to be worn for easy identification by staff, residents and guests. Clothes must be neat and clean, volunteers must be well groomed. Jeans, shorts, overalls, mini-skirts, athletic clothing, T-shirts, 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,


Editha Young
Activities/Volunteer Supervisor


Ingrid Holyoke
Activities/Volunteer Coordinator
Residential Care

AUGUSTA
310 CONY ROAD
AUGUSTA, ME 04330
1-888-684-4664

CARIBOU
163 VAN BUREN ROAD
CARIBOU, ME 04736
1-888-684-4667

MACHIAS
32 VETERANS WAY
MACHIAS, ME 04654
1-877-866-4669

SCARBOROUGH
290 US ROUTE ONE
SCARBOROUGH, ME 04074
1-888-684-4666

SOUTH PARIS
477 HIGH STREET
SOUTH PARIS, ME 04281
1-888-684-4668

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
CALIGRAPHY	CRAFTS	PHOTOGRAPHY
STORYTELLING	JOURNALISM	GRAPHIC ARTS
GROUP AFFLIATION WORK		ESCOURT/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: _____

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

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 _____