

Visiting Nurse Home Care & Hospice of Carroll County & Western Maine Volunteer Resources Application

Before completing the application form please read the agreement on the last page. It outlines what is expected. **An asterisk * means answer is mandatory.**

Contact Information

First Name*

Last Name*

Street*

Street 2

City*

State*

Zip*

Cell #

Home

Work

Check if its okay to call you at work

Email Address*

Please list how you heard about us?

Education/Military History

Please list your education background and military history (if applicable)

Work Experience

Please list your current work status, past professional experience or if you are retired. If you have worked or volunteered for VNHCH in the past, please include dates and role with us.

Volunteer Experience

Please list organization(s) volunteered for and dates

Hobbies, Special Interests, Skills

List special accomplishments, skills, qualification, languages spoken and awards that you feel will help you in your volunteer role.

Reasons for Volunteering

Please describe why you are interested in volunteering for this position.

Criminal Background

Have you ever been convicted or pending any violation of law (or uniform code of military justice) other than minor traffic violation? If yes please explain.

Type of Volunteering

Significant Loss?

Have you had a significant loss in the last year either through death or divorce. If yes, when?

It is required that prospective hospice Volunteers wait 12 months after experiencing a significant loss before volunteering with patients. You may still volunteer in other roles that do not have patient contact.

Personal References (NON-family)

Emergency Contact(s)

I Agree

I verify that all information provided in this application is accurate and true. I understand that upon completion of the application process and appropriate training, I may be asked to serve as a volunteer of VNHCH. I authorize VNHCH to contact all references and to secure additional information, if related to my volunteer services. I hereby release from liability VNHCH and its representatives for seeking such information.

I am also aware that VNHCH performs criminal background checks, motor vehicle checks and NH Bureau of Adult and Elderly Services record check.

TB Testing is mandatory and is provided at no cost to the volunteer. However, if you have had a negative TB test in the past 12 months, providing us a copy of your results will help to defray the cost of having it performed at Memorial Hospital.

Volunteers will receive training in confidentiality and will sign a confidentiality form and other forms before training.

Volunteers must complete all annual requirements.

A minimum commitment of 2-4 hours per week for one year is requested of all volunteers.