



## VOLUNTEER APPLICATION

Individuals will be required to complete background check authorization forms prior to any offer of employment.  
*(All sections must be completed in full even if a resume is included)*

### PERSONAL INFORMATION:

Name: Last _____	First _____	MI _____
Mailing Address: Street _____	City _____	State _____ Zip Code _____
Email Address: _____		
Have You Ever Worked or Volunteered Under a Different Name? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, list name(s) _____ When & Where? _____		
<b>Telephone Contact Information:</b> Home _____ Cell _____		<b>Date of this Application:</b> _____
<b>What Prompted You to Apply for a Volunteer Opportunity With HSM?</b>  _____  <b>How did you learn about HSM?</b>  <input type="checkbox"/> Current Employee/Volunteer: Name: _____ <input type="checkbox"/> HSM Website <input type="checkbox"/> Newspaper <input type="checkbox"/> Job Fair <input type="checkbox"/> Other (Specify) _____		

### EDUCATIONAL INFORMATION:

School	Name and Address of School	Major or Course of Study	Circle Last Year Completed	Did You Graduate ?	List Highest Grade, Diploma or Degree Attained
High			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER, such as Business College, Other Special Courses (include Special Military Training, Post Graduate, and Nursing)					

**volunteer@hospiceofsouthernmaine.org**

*(All sections must be completed in full even if a resume is included)*

**LICENSURE/CERTIFICATION (LIST ALL PROFESSIONAL LICENSES AND/OR CERTIFICATIONS):**

If registered, licensed, or certified, complete the following:

Type \_\_\_\_\_ State Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_ No. \_\_\_\_\_

Type \_\_\_\_\_ State Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_ No. \_\_\_\_\_

Has your professional license ever been suspended or revoked?  Yes  No If yes, explain: \_\_\_\_\_

\_\_\_\_\_

**SKILLS:**

Applicable Skills, Knowledge or Training:

\_\_\_\_\_

**WORK/VOLUNTEER/LIFE EXPERIENCE:**

*PLEASE LIST INFORMATION ABOUT YOUR PREVIOUS WORK/VOLUNTEER/LIFE EXPERIENCE -LIST MOST RECENT FIRST.*

#1  
 Employer Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Job Title \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

#2  
 Employer Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Job Title \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

#3  
 Employer Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Job Title \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Other Work/Volunteer/Life Experience you would like to share:

\_\_\_\_\_

**REFERENCES:**

**(Please give a reference form to the two non-family references you list here.)**

Name	Address	Occupation	Telephone
1)			
2)			

**PLEASE READ THE FOLLOWING INFORMATION CAREFULLY:****We are an Equal Opportunity Employer**

Hospice of Southern Maine is an equal opportunity employer, and does not discriminate against applicants, volunteers or employees on the basis of race, color, sex, sexual orientation, religion, national origin, age, veteran status, disability or any other characteristic protected by applicable law. All volunteer decisions shall be consistent with the principles of equal employment opportunity. In order to ensure reasonable accommodation for individuals protected by Section 503 of the Rehabilitation Act, the Vietnam Veterans' Readjustment Act, the Maine Human Rights Act, and Title I of the Americans with Disabilities Act, applicants that require accommodation in the volunteer application process may contact the Human Resources Office at 207-289-3640 or by e-mail at hr@hospiceofsouthernmaine.org for assistance. EOE AA M/F/Vet/Disability

**Pre-Requisites for Employment**

Candidates being offered a volunteer opportunity must meet all pre-hire requirements designated for the position for which they are applying. Offers of a volunteer opportunity may be made on a contingent basis with the understanding that before ongoing volunteering can be confirmed, the following applicable items must be received:

1. Completed Application form.
2. Favorable Background Investigations, including:
  - A. Criminal record in the state(s) that the individual has lived or worked in the past 3 years.
  - B. Social security number tracer report.
  - C. Verification of highest level of educational degree attained, if applicable.
  - D. Medicare Sanction/Exclusion check.
  - E. MaineCare Sanction/Exclusion check.
  - F. National Sex Offender registry check.
3. Proof of immunizations (tests and immunizations will be provided through HSM if necessary):
  - A. Baseline TB test before assignment begins; unless documentation of negative test within previous 12 months received; additional testing may be required annually or more frequently as the agency deems necessary.
  - B. Proof of immunization or documented immunity for Hepatitis B, or signed declination statement.
  - C. Proof of immunization or documented immunity for MMR for those born after 1957.
  - D. Proof of immunization or documented immunity for Varicella.
4. If role includes driving privileges (e.g. running errands, transporting patients):
  - a. Motor Vehicle Record verified to ensure applicant has a valid driver's license and meets the requirements of HSM's liability carrier. Minimum MVR requirements include:
    - (1) No more than three moving violations during the past three years, and
    - (2) No more than one chargeable accident during the past three years, and
    - (3) No license suspensions or revocations within the past seven years, and
    - (4) No major convictions (driving under the influence of alcohol or drugs, reckless driving, etc.) within the past seven years,
    - (5) No leaving the scene of an accident conviction,
    - (6) No failure to report an accident conviction, and
    - (7) No incidents involving death conviction.
  - b. Copy of valid driver's license issued by the state in which the applicant is a legal resident.
  - c. Proof of current auto insurance coverage (\$300,000 minimum liability limit is encouraged).
  - d. Copy of current vehicle registration.
  - e. Driver Acknowledgement Form (if transporting patients).
5. Documentation of negative substance abuse testing. Testing will be coordinated by HSM per separate "Applicant Substance Abuse Testing" policy.

**Statement of Applicant's Certification, Understanding, and Agreement**

- I understand that the distribution or receiving of this application by HSM does not imply or intend to imply an agreement or contract to accept the applicant as a volunteer. The purpose of this application is solely to allow persons a standardized form on which to submit their qualifications. Incomplete applications may be reason for exclusion of otherwise qualified individuals.
- I certify that I am a genuine applicant for a volunteer training and volunteer opportunity and this application is being submitted for the purpose of seeking a volunteer training and volunteer opportunity with HSM.
- I understand references and work history verification is required, and I authorize all persons, schools, employers, and organizations mentioned in this application to provide HSM with any and all information requested by HSM, and I voluntarily release such persons, schools, employers, and organizations from all liability for providing such information.
- I understand that any offer of a volunteer opportunity is contingent upon receipt of designated and required Pre-Requisite for Volunteer Opportunity items stated above. I understand failure to provide such items will cause me to be ineligible for a volunteer opportunity.
- In the event that I am selected for a volunteer opportunity by HSM, I:
  - Agree to comply with all its rules, regulations, and directives. I understand that my ability to volunteer is for no stated term.
  - Understand that HSM may conduct background investigations (as outlined above) periodically after a volunteer opportunity.
  - Agree to maintain minimum State of Maine financial responsibility limits for automobile insurance.
  - Understand that HSM is a smoke, alcohol and drug-free working environment and that I am prohibited from: smoking on any HSM worksite; being under the influence of alcohol, drugs or controlled substances while volunteering; the unlawful manufacture, distribution, use, sale, transfer or possession of alcohol, drugs, controlled substances, drug paraphernalia or any combination thereof.
  - In the event that I am asked to volunteer by HSM, and I am photographed during the course of my volunteer training or volunteer opportunity, I grant HSM my permission to use any or all photos of me for various public relations releases, and/or publications.
- I certify that I have not been excluded from Medicare and Medicaid program participation.
- Have you ever been convicted of, or pled guilty or nolo contendere to, or are you presently charged with a crime?  Yes  No  
If yes, explain: \_\_\_\_\_
- Have you ever been convicted of, or pled guilty or nolo contendere to, or are you presently charged with, any crime involving a sex offense, an assault, the use of force, or a weapon?  Yes  No  
If yes, explain: \_\_\_\_\_
- Have you ever been convicted of, or pled guilty or nolo contendere to, or are you presently charged with, more than two moving violations in three years, reckless driving, operating a motor vehicle while under the influence, leaving the scene of an accident, failure to report an accident, motor vehicle incident involving death, or driving to endanger?  Yes  No  
If yes, explain: \_\_\_\_\_
- Has your driver's license ever been suspended or revoked?  Yes  No  
If yes, explain: \_\_\_\_\_
- Have you ever been convicted of, or pled guilty or nolo contendere to, or are you presently charged with, a crime involving shoplifting, unlawful receipt of stolen goods, theft, or exploitation or abuse of another person?  Yes  No  
If yes, explain: \_\_\_\_\_

### VOLUNTEER APPLICANT STATEMENT

I understand that if offered a volunteer position that there is no compensation for the services that I may provide for Hospice of Southern Maine. I am willing to volunteer my time because of my belief in the mission of the organization and my desire to be of assistance. I also understand that because this is a volunteer position that I am free to end my service in the position at any time for any reason and that the Hospice of Southern Maine retains the same right. I understand that any initial offer to me to serve as a volunteer may be conditioned on the satisfactory completion of training, and a background and reference check.

My signature below indicates that I have read and understood the above statement and that all information provided by me in the application process is true and correct. I understand that any misrepresentation or information or false statement provided by me as an applicant may result in rejection of my application or termination of my volunteer status.

Applicant's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

*Thank you for your interest in a volunteer opportunity with Hospice of Southern Maine.*

**MAIN OFFICE**  
390 US Route One  
Scarborough, ME 04074

**GOSNELL MEMORIAL HOSPICE HOUSE**  
11 Hunnewell Road  
Scarborough, ME 04074

phone: (207) 289-3640  
fax: (207) 883-1040  
hospiceofsouthernmaine.org