



**Knox Center**

Pen Bay Medical Center

A MaineHealth Member

6 White Street  
Rockland, Maine 04841  
207-921-6800 ~ fax 207-921-6834  
[www.penbayhealthcare.org/knoxcenter](http://www.penbayhealthcare.org/knoxcenter)

## VOLUNTEER APPLICATION

Date: \_\_\_\_\_

### 1. CONTACT & DEMOGRAPHIC INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Birthday (day & month only, optional): \_\_\_\_\_

Are you under the age of 18?  Yes  No

*If yes, please note that your parent or legal guardian must sign this application to authorize your participation in our volunteer program.*

### 2. SCHOOL / WORK INFORMATION

#### Students under 18:

School: \_\_\_\_\_ Grade: \_\_\_\_\_

May we contact your school for a reference?  Yes  No

.....  
**All others:**

Current or most recent Employer

Name of Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Name & Phone Number: \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

**3. EMERGENCY HEALTH & CONTACT INFORMATION**

**Do you have any health conditions that would require restrictions or modifications of your function in the volunteer program, or that would require special treatment in a medical emergency?**

**Please explain:** \_\_\_\_\_

**Person to reach in case of emergency:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

**4. SKILLS, INTERESTS, HOBBIES & SCHEDULE**

**What skills, interests and/or hobbies do you have that might apply to volunteer work here?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Why do you want to volunteer?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What sort of tasks would you like to be assigned as a volunteer?  
(feel free to think outside the box!)**

\_\_\_\_\_  
\_\_\_\_\_

**What days and times are you available?**

Monday	_____	Friday	_____
Tuesday	_____	Saturday	_____
Wednesday	_____	Sunday	_____
Thursday	_____		

**How often would you like to volunteer?**

Weekly                       Monthly                       Special Events

Other (please explain): \_\_\_\_\_

**Would you like us to contact you to let you know of special volunteer opportunities (i.e. picnics, outings, etc.) for which we need additional volunteers?**

Yes                       No

**5. REFERENCES**

**Do any of your friends or relative work here?**

_____	_____	_____
(Name)	(Relationship)	(Contact Number)

_____	_____	_____
(Name)	(Relationship)	(Contact Number)

**Please also provide at least two additional references who are not related to you:**

_____	_____	_____
(Name)	(Relationship)	(Contact Number)

_____	_____	_____
(Name)	(Relationship)	(Contact Number)

**6. THE OTHER STUFF WE NEED TO ASK**

**Have you ever been convicted of a felony?**                       Yes                       No

*If yes, please note that we will request more information and discuss the information with you when you are interviewed.*

**If your photograph is taken during the course of your duties as a volunteer, may we use it for editorial and/or marketing purposes (including but not limited to newsletters, press releases, brochures and website)?**                       Yes                       No

**If you are professionally licensed in the healthcare field, has any action ever been taken against your licensure?**

Yes                       No

**7. AUTHORIZATION & CERTIFICATION**

**If selected for a volunteer position at the Knox Center, I understand that:**

- 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.
- I must abide by the nursing home regulations and Knox Center/Pen Bay Healthcare policies and code of conduct.
- I am expected maintain the confidentiality and dignity of patients, families, staff and other volunteers as we partner to provide excellent service to our community.
- I am expected to adhere to the Pen Bay Healthcare values as I perform my duties as a volunteer.

**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 Knox Center for Long Term Care volunteer assignment if there are any misstatements or material omissions. I understand that if chosen as a volunteer, I will not have any contract and may be removed from the volunteer list at any time without advance notice at the will of the Knox Center for Long Term Care.**

\_\_\_\_\_  
*(Applicant Signature)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Signature of parent or legal guardian if applicant is under 18 years of age.)*

\_\_\_\_\_  
*(Date)*

**Please return completed application to:**

**Knox Center  
Attn: Volunteer Services  
6 White Street  
Rockland, ME 04841**



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*Consent for*  
**Criminal Background Check**  
**Sex Offender Registry Check**

Please provide the following information. Please print clearly.

Full legal name:

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Address:

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Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Your signature below authorizes Pen Bay Healthcare to conduct a criminal background check and a sexual offender registry check:

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Signature

---

Date