



**HOSPITAL AID & VOLUNTEER APPLICATION**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Month of Birth: \_\_\_\_\_ (Must be at least 18 years old.)

How long have you been a resident of this state? \_\_\_\_\_ How did you learn about the Aid? \_\_\_\_\_

\_\_\_\_\_ Do you know any current members? \_\_\_\_\_

If yes, who? \_\_\_\_\_ Why do you want to join the Aid? \_\_\_\_\_

CHECK THE TYPE(S) OF VOLUNTEER WORK YOU ARE INTERESTED IN:

**Inside the Hospital or Affiliate Organizations: (These duties need orientation, Mandatory Inservice Day (MID), test for tuberculosis (PPD) and proof of immunizations.)**

- |   |   |
|---|---|
| <input type="checkbox"/> TRANSPORT / GREETING SERVICES –<br>Errands, greets and directs people entering lobby.<br>Weekdays, 9 am - 2 pm.          | <input type="checkbox"/> GIFT SHOP CASHIER - Weekdays, 10 am –<br>3:30 pm or Saturday, 12:30 - 3:30 pm. |
| <input type="checkbox"/> MAIL ROOM - Weekdays, 9 am - 1:30 pm.  | <input type="checkbox"/> SHORT-TERM PROJECTS, such as mailings.   |
| <input type="checkbox"/> CENTRAL REGISTRATION – Greets and<br>directs patients signing in for services.<br>Weekdays, 8:30 am (or earlier) - 2 pm. | <input type="checkbox"/> OTHER _____  |

**Outside the Healthcare Facility: (These duties do not require MID training.)**

- |   |  |
|---|--|
| <input type="checkbox"/> TRAY FAVORS / CRAFTS<br>Make decorations for patients and the Hospital.<br>First Monday of Feb, Mar, Apr, Oct, Nov, Dec,<br>10:00-11:30 am, meets at WCGH Education Ctr. | <input type="checkbox"/> CLINICS – Clerical duties at bloodmobile,<br>wellness fair, blood pressure clinic, etc. |
| <input type="checkbox"/> GIFT SHOP CRAFTER<br>Creates items to sell in Hospital Gift Shop.  | <input type="checkbox"/> TELEPHONE CALLER<br>to Aid Members to remind of events.                                 |
| <input type="checkbox"/> KNITTING BABY HATS / AFGHANS<br>For Women & Infants Health Care Unit.  | <input type="checkbox"/> DECORATIONS FOR HOLIDAYS & EVENTS<br>Works with Decorating Chairperson.                 |
| <input type="checkbox"/> PUBLICITY - For Aid events.  | <input type="checkbox"/> SPECIAL EVENTS & FUNDRAISERS – Silver<br>Tea, Health Fair, Yard Sale, Garden Tour, etc. |
| <input type="checkbox"/> SUPPORTIVE MEMBER - Attends meetings and events, but does not volunteer.   | <input type="checkbox"/> BOARD MEMBER or COORDINATOR   |

You will be added to our mailing list. Do you wish to be called to be reminded of meetings?  Yes  No

Thank you for completing the application and joining the Hospital Aid.

**Please return to: Sandra Gordon, Community Relations, Waldo County General Hospital, P.O. Box 287, Belfast, Maine 04915 along with \$10 dues payable to the Waldo County General Hospital Aid.**

**IF YOU ARE INTERESTED IN VOLUNTEERING IN THE HOSPITAL, PLEASE COMPLETE THE REMAINDER OF THE APPLICATION ALSO.**

Summarize your education, work or life experiences: \_\_\_\_\_  
\_\_\_\_\_

Have you volunteered at any other organization?  Yes  No Briefly describe when, where and duties:  
\_\_\_\_\_

Do you have any special skills that may be useful at the hospital?  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor?  Yes  No If yes, please explain:  
\_\_\_\_\_

Is there anything else you would like us to know about you?  
\_\_\_\_\_  
\_\_\_\_\_

In Case of Emergency Notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

References (at least one reference must be a non-family member):

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_  
E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

We will send you information on the hospital and the volunteer positions. We will also call you to come in for an interview to discuss the positions available.

I voluntarily authorize Waldo County General Hospital to verify information contained on my application. I agree to return my photo I.D. badge when I stop volunteering.

Signature: \_\_\_\_\_