



SEBASTICOOK VALLEY HEALTH

Quality Care Close to Home

### VOLUNTEER APPLICATION

Please complete and mail to

Sebasticook Valley Health  
447 North Main Street  
Pittsfield, ME 04967  
Attn: Human Resources

Last Name: MI:	First Name:	Date:
Street Address		Occupation:
City: code:	State:	Zip
Home Telephone Number:		Type of Volunteer service desired:
Cell Number: Best Way to Contact: Email address:		Days and hours you are available to volunteer:
SSN (we need this for criminal background check):		Date of Birth (Volunteers must be 18 years or older):

Have you ever been employed by SVH? If so, when and in what position?

Are you a current employee of Eastern Maine Healthcare Systems?  
If yes, which affiliate?

Are you related to anyone currently employed at SVH?

Have you ever been convicted of a criminal offense? (Conviction of a crime will not necessarily disqualify you from consideration for volunteering.)  Yes  No

Have you ever been excluded or sanctioned by the Medicaid or Medicare programs or any other health care payer?  
 Yes  No If yes, please explain:

Do you have any complaints or annotations pending against your professional license or certificate with a professional board of licensure/certification?

If yes, please explain with dates and details.

Have you ever had a license or registry revoked or suspended?

If yes, please explain with dates and details.

Have you ever been employed or received a degree, license, certificate, or registration under a different name?

If yes, please list.



Are you at least 18 years of age?       Yes       No

**EDUCATION**

Name and Address of School	Course of Study	Years Completed		Did you graduate ?	Degree or Diploma Type
High School		1	2		
		3	4		
College/Technical/Trade/Other		1	2		
		3	4		
College/Technical/Trade/Other		1	2		
		3	4		

**WORK/VOLUNTEER HISTORY**

Employer's Name and Address	Supervisor	From (Mo/Yr)	To (Mo/Yr)	Starting Position	Reason for Leaving
	Telephone	Salary		Ending Position	May we contact?
Employer's Name and Address	Supervisor	From (Mo/Yr)	To (Mo/Yr)	Starting Position	Reason for Leaving
	Telephone	Salary		Ending Position	May we contact?
Employer's Name and Address	Supervisor	From (Mo/Yr)	To (Mo/Yr)	Starting Position	Reason for Leaving
	Telephone	Salary		Ending Position	May we contact?

**LICENSE/CERTIFICATIONS**

Type	State	Number	Date Issued	Expiration Date

**REFERENCES**

**Please provide three references (DO NOT list relatives)**

Name	Title & Company	Phone Number	Email Addresses	Relationship

I certify that answers and statements made by me in this application are true, complete, and accurate to the best of my knowledge and belief. I understand that any false statements, misrepresentation or omissions made by me orally or on this application, or any other accompanying or required documents in connection with my application, may be grounds for denial of volunteer opportunities or dismissal after given a volunteer assignment, regardless of when and how discovered.

I understand any volunteer opportunity by SVH is conditions upon: (1) receipt of acceptable recommendations for reference; (2) proof of US citizenship or appropriate visa or work permit; (3) successful completion of a pre-placement physical examination;

I authorize an investigation, through whatever means deemed appropriate, of all statements contained in this application and all facts resulting from the investigation. I release from all liability all sources supplying such information. The Employer is authorized to use any information obtained from its investigations to determine my suitability for employment. I release the Employer from any liability in connect with such investigation.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

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VOLUNTEER OFFICE USE ONLY

Placement

Starting Date

Days

Times

Supervisor

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