



# The Cedars Volunteer Application

Please Print.

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

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

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

City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

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

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

Why do you want to volunteer at this time?

What are you looking for in a volunteer experience?

Why do you want to volunteer at The Cedars?

Is this a mandatory volunteer requirement? If so, please explain.

Have you spent time in a healthcare setting before? If so, please describe.

Have you spent time with older people? If so, please describe.

How did you hear about volunteer opportunities at The Cedars?

Have you ever been convicted of an offense, excluding minor traffic violations?  
(This would include neglect, violence, theft/dishonesty, financial misconduct, or other offenses that may result in harm to a resident or staff).

What volunteer roles interest you? *(Please check all that apply.)*

Activities Assistant:

- Go on outings or trips with residents and staff
- Help with special events (holidays or parties)
- Assist with group activities such as Bingo or concerts
- Dining Assistant
- Visit one on one with a resident (friendly visitor)
- Pet visitor  dog  cat
- Transport Assistant
- Entertainer (specify)
- Religious Service Leader (specify type of service)
- Other (please explain)

What are your hobbies and/or areas of special interest?

When are you available to volunteer?

Do you have any physical or other limitations that could prevent you from doing certain volunteer work? If so, please specify.

**REFERENCE AND EMERGENCY CONTACT:**

Please list a personal reference that may be reached during the day:

Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

Please list the name of a person we may contact in case of emergency:

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**AGREEMENT:**

As a volunteer at The Cedars, I agree to abide by all of The Cedars policies and procedures. I have also provided accurate information on this application.

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



## **VOLUNTEER SERVICES PLEDGE OF CONFIDENTIALITY**

I understand that, as a volunteer for The Cedars, I must maintain strict confidentiality of resident information.

I agree never to disclose or discuss client information with anyone not involved in the resident's care without appropriate permission unless required to do so by law.

I understand that a breach of confidentiality will be interpreted as misconduct, which may constitute grounds for immediate dismissal from my volunteer position.

I have read and understand the above statement. I agree to accept its provisions both while I am a volunteer and after I leave the volunteer program.

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**Volunteer's Name**

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**Volunteer's Signature**

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**Date Signed**

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**Manager of Volunteer Resources Signature**

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**Date Signed**

Mail to: The Cedars  
Volunteer Services  
630 Ocean Avenue  
Portland, ME 04103