



The Cedars Volunteer Application

Please Print.

Last Name: _____ **First Name:** _____
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).**

Volunteer Application (continued)

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: _____

If you are under age 16, a parent or guardian must complete additional forms and be present during all volunteer hours.

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 Application (continued)

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.

Volunteer’s Name

Volunteer’s Signature

Date Signed

Manager Signature

Date Signed

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

(207) 221-7000