



Memorial Hospital
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603-356-0651
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Thank you for your interest in becoming a hospital volunteer. Memorial Hospital welcomes volunteers and supports your willingness to serve. Many opportunities exist for volunteer service. The experience can provide many benefits to you as well as having a positive effect on our patients, nursing home residents, visitors, and staff.

As a volunteer, you will be required to complete an application, 3 criminal background checks (Sterling Universal, NH State Police, and NH Bureau of Elderly and Adult Services), and hospital orientation. You will also need to provide proof of TB screenings/tests, Varicella (Chicken Pox), MMR, and Flu. Also, depending on your immunization records, you may have to have lab work done to determine your immunization status. If that is the case, there will be no expense to you. You will be expected to observe the same codes and ethics that apply to the staff. This will ensure the smooth operation of the hospital and the comfort and well-being of our patients. Hospital care is extremely personal and medical ethics are rigid. A volunteer is a vital member of the healthcare team and is expected at all times to reflect sensitivity and humanitarian understanding. This is the essence of professional ethics.

As a member of our professional team, we ask that volunteers to wear simple, neat, clean clothing as well as comfortable shoes. No sweat pants/shorts. Dress Bermuda shorts are acceptable during the warmer weather. Maroon vests will be provided along with a photo id badge. These items are part of the volunteer's uniform and are required for recognition and security measures. No excessive body piercing, perfumes, or after-shaves and hair should be neat and clean. Please no gum chewing.

A minimum of 2-4 hours shifts on a regular basis is requested. When completing your application, include areas in which you might want to work and be sure to include your availability, with the specific time of day and day (or days) that you are able to work. Once your application is reviewed and references are checked, you will receive a brief orientation and tour of the hospital along with department specific orientation before you continue on your own. (*Note: submitting an application does not guarantee automatic placement. We also are unable to accommodate any requests for court ordered community service.*)

Please return your application and be sure to include two reference with addresses, phone numbers and email addresses if they have one.

Thank you.
Peter Waugh - Volunteer & Communications Coordinator



MEMORIAL HOSPITAL ADULT VOLUNTEER SERVICE APPLICATION

Name: _____
Last _____ First _____ Middle _____ Today's Date _____

Mailing Address: _____
Street/Box # _____ Town _____ St. _____ Zip _____
E-mail address: _____ Date of birth: (Month, Day) _____

Telephone: Home () _____ Work: () _____ Other () _____

EDUCATION

Highest grade completed: _____ High School _____ College _____ Course of Study: _____
Other Education or Professional Training: _____
Professional Certification: _____

EMPLOYMENT HISTORY

Most recent employer: _____ Address: _____
Position held: _____ Length of employment: _____
If no longer there, reason for leaving: _____

COMMUNITY

Affiliations: (clubs, service organizations, etc.) _____

Other current volunteer commitments: _____

Past Volunteer Experiences:
Organization: _____ Position: _____ Dates: _____

Awards, Recognitions received: _____

PERSONAL

References (Please do not include relatives)

1. Name: _____ Relationship: _____
Mailing Address: _____
Email Address: _____
Daytime Phone: _____ - _____ Cell Phone: _____ - _____

2. Name: _____ Relationship: _____
Mailing Address: _____
Email Address: _____
Daytime Phone: _____ - _____ Cell Phone: _____ - _____

Have you been convicted of a felony or misdemeanor within the past 5 years? Yes: _____ No: _____
If yes, please explain why, when, and where:

List any hobbies, skills, or interests that might be helpful in your volunteer work:

How did you learn about our volunteer program?

Please explain what you hope to give to our program, and the rewards you expect to receive as a volunteer:

What Department(s) positions(s) are of special interest to you? Materials Management (Receiving): _____
Gift Shop: _____ Greeter: _____ Operating Room: _____ Med/Surg ICU: _____ Oncology: _____
Heart, Health & Wellness _____ Filing /Clerical _____ Ham Radio _____ Patient Sitter (No One Dies Alone): _____
Other _____

What is your availability for volunteer placement? (Please check all that apply)

Days of the Week: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____
Sunday _____

Time of Day: Morning _____ Afternoon _____ Evening _____

Time of Year: Spring only _____ Summer only _____ Fall only _____ Winter only _____ Year-round _____

PERSON TO CONTACT IN CASE OF EMERGENCY:

Name: _____ Relationship: _____

Address: _____

Email Address: _____

Daytime Phone: _____ - _____ Evening Phone: _____ - _____ Cell Phone: _____ - _____

I, _____, hereby authorize the Memorial Hospital to contact the personal references I have provided above.

Signature of Applicant.

PLEASE NOTE: submitting an application does not guarantee automatic placement.

We also are unable to accommodate any requests for court ordered community service.

The Memorial Hospital does not discriminate on the basis of race, color, religion, sex, age, national origin, citizenship, sexual orientation, marital status or disability (mental or physical) in the hiring of its employees or recruitment of volunteers.

Criminal Background and Bureau of Elderly and Adult Services (BEAS) checks are required and will be conducted.