



Memorial Hospital  
3073 White Mountain Highway, North Conway, NH 03860  
603-356-0651  
[peter.waugh@mainehealth.org](mailto:peter.waugh@mainehealth.org)

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:

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

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How did you learn about our volunteer program?

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

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What Department(s) position(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.***