



Junior Volunteer Program

3073 White Mountain Highway, North Conway, NH 03860

Peter Waugh Volunteer & Communications Coordinator

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Thank you for your interest in our Volunteer Program

Memorial Hospital welcomes Junior Volunteers and supports and encourages your volunteer service. Many opportunities exist for volunteer service. The experience can provide many benefits to you, as well as having a positive effect on our patients, visitors and staff.

As a student volunteer, you will be required to complete the screening and orientation process like what the employees are required to complete. You will also be expected to observe the same codes and ethics that apply to the staff and employees. 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 always expected to reflect sensitivity and humanitarian understanding. This is the essence of professional ethics. Student volunteers must be 16 years old and are not permitted to serve in any clinical care areas.

As a member of our professional team, we expect you to wear simple, neat, clean clothing as well as comfortable shoes, creating a professional image. This means no short shorts, cropped tops or excessive cleavage, nor jeans, or logos on clothing. We encourage you to wear black or khaki pants. A volunteer vest will be provided by the hospital. No excessive body piercing (earrings are allowed) or heavy perfumes or after-shaves. Hair should be neat and clean. We will provide a photo id badge which is required for security measures and must be worn in a visible spot. Please, no gum chewing.

As a volunteer, we ask you work a minimum of 2-to-3-hour shifts on a regular basis. When completing your application, include the area in which you might want to work and be sure to include your availability, with the specific time of day. Before beginning work in the hospital, you will be required to attend an orientation session and further specific training by a mentor in the department of the hospital to which you have been assigned.

Once you begin your volunteer service, your service hours will be tallied each time you register in the sign-in book.

Please return the application and permission forms to Volunteer Services. As soon as the interview is completed, we will set up an orientation, and health screening and you will be able to begin your volunteer experience.

***Please Note: applying does not guarantee automatic placement.
We also are unable to accommodate any requests for court ordered community service.***

Peter Waugh
Volunteer Coordinator



MEMORIAL HOSPITAL
JUNIOR/TEEN VOLUNTEER SERVICE APPLICATION
(Applicants must be 16 years of age at the time of 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. One from Guidance or an Advisor)

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) position(s) are of special interest to you? Gift Shop: _____ Greeter: _____

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

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

Time of Day: Morning _____ Afternoon _____

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: _____ - _____

If you are under 18, your Parent or your Legal Guardian must sign here to authorize and approve your placement as a Volunteer at The Memorial Hospital.

Name & Relationship to Applicant

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 based on 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 (age 18 and older only)
Junior/Teen Application.doc rev. 8/6/19***