



Franklin Community Health Network

111 Franklin Health Commons - Farmington - Maine 04938 - 207.778.6031 - www.fchn.org

APPLICATION FOR VOLUNTEER SERVICES

CONTACT INFORMATION		
Name:	Date:	
Address:	Town:	Zip:
Email:	Tel:	DOB:
Best Time to call:	Position Preference:	
*Required for Parking Assistants	License #:	Exp. Date:
AVAILABILITY		
Hours & Days Available:	Desired Start Date:	Are you willing to be called for spot jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Time Preference: <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends	Have you worked at FMH or FCHN before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list dates, department, and title:	
Do you have relatives who work here or serve on the Board of Trustees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:	How did you find our Volunteer Program? <input type="checkbox"/> Friend <input type="checkbox"/> Agency Referral <input type="checkbox"/> Relative <input type="checkbox"/> Other	
EDUCATION		
Name/Location	Grade Completed	Major Courses/ Degree Received
SPECIALIZED QUALIFICATIONS, HOBBIES, OR INTERESTS		

Office Use:
 Orientation Date _____
 Start Date _____

Licenses or Certifications:		
Special Skills, Interests, Qualifications:		
Equipment Operated:		
WORK EXPERIENCE (Name most recent employer)		
Employer:	From:	To:
Address:		
Supervisor:		
Position:	Department:	
Job Description:	Reason for Leaving:	
VOLUNTEER EXPERIENCE		
Organization:	Address:	
From:	To:	Position:
Department:	Responsibilities:	
REFERENCES (Please provide name, address, and phone number)		
1.		
2.		
3.		
EMERGENCY CONTACT		
In the event of an emergency, please contact:		
Relationship:	Tel:	
<p>Have you ever been convicted of a criminal offense, including traffic offenses such as operating under the influence (OUI), or do you have any criminal charges pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain:</p>		
Signed:	Date:	

Office Use:
Orientation Date _____
Start Date _____