

## Volunteer Application



### Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

### Availability

During which hours are you available for volunteer assignments?

- Weekday mornings       Weekend mornings  
 Weekday afternoons       Weekend afternoons  
 Weekday evenings       Weekend evenings

### Interests

Tell us in which areas you are interested in volunteering

- Administration       Phone calls  
 Events       Wherever you need me!  
 Field work       Volunteer coordination  
 Fundraising       Other: \_\_\_\_\_  
 Deliveries/Picking up items

### Getting to know you....

Do you have reliable transportation: \_\_\_\_\_

Are there any limitations (be it health or diet) that should be taken into consideration in terms of determining a volunteer assignment? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Do you have a personal tie to LifeFlight of Maine (relative, patient, friend, etc.)? If so, please let us know who: \_\_\_\_\_

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

### Previous Volunteer Experience

Where else do you do volunteer time at:

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Summarize your previous volunteer experience.

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### Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

### Agreement and Signature

I, \_\_\_\_\_, a volunteer/volunteer applicant of the LifeFlight Foundation, understand and agree that any confidential information regarding patients, employees, visitors, donors or any other information which is disclosed to me or that I learn or observe is confidential.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

### Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with LifeFlight of Maine.

Please send completed form via e-mail to: [info@lifeflightmaine.org](mailto:info@lifeflightmaine.org) or [bduppermacy@lifeflightmaine.org](mailto:bduppermacy@lifeflightmaine.org) or:  
LifeFlight Foundation  
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