



The Mended Hearts, Inc.

Chapter 339 Greater Portland, ME



The Mended Hearts, Inc.

First Name _____ Last Name _____ Email _____

Address _____ Phone _____

How did you learn about Mended Hearts? _____ Sponsor _____

When were you diagnosed with Heart Disease? _____

What type procedure performed? _____ When? _____

Hospital _____ Physician _____

Family history of Heart Disease? _____

Professional Background _____

Experience Public Speaking Journalism Newsletters Web Design Accounting Fund Raising

Interests Membership Visitor Fund Raising Newsletter Editor Mended Little Hearts

Do you have any physical limitations that would restrict your activities? _____

Are you a member of any other volunteer group(s)? _____

Years as Member _____ Leadership Role _____

Are you available to attend monthly chapter meetings on Thursday's at 6:00 pm? _____

Are you available to visit patients a minimum of eight hours per month? _____

What is your interest in joining Mended Hearts? _____

What types of experiences have you had that would be useful as a Mended Hearts Member? _____

What questions do you have about Mended Hearts or Chapter 339? _____

Please email completed form to jadupont@myfairpoint.net and we will contact you to answer your questions.

Thank You

Date _____