



VOLUNTEER APPLICATION

(Please print all answers)

Today's Date: _____
Name of Applicant: _____ Birthdate (for birthday card list only): _____
Address: _____
City: _____ Zip: _____
Home Phone: _____ Work/Cell Phone: _____
Email Address: _____
Employer: _____ Occupation: _____
Can receive calls at work: Yes No Emergency Only

PERSON TO BE NOTIFIED IN AN EMERGENCY:

Name: _____ Phone: _____
Address: _____ City: _____ Zip: _____

Education/Special Training:

Work Experience:

TWO PERSONAL REFERENCES (excluding family members). Please provide a complete address, as references are verified by mail.

Name: _____ Phone: _____
Address: _____ City: _____ Zip: _____
Name: _____ Phone: _____
Address: _____ City: _____ Zip: _____

IDENTIFY AREAS OF INTEREST:

Patient/Family Care

In Home In Nursing Home In Facility Transportation Personal Care Alternative Therapies

Bereavement

Caller Support Group Co-Facilitator Transportation Office/Clerical Memorial Service Committee

Non-Patient Services

Clerical Fundraising Mailings Events Marketing Data Entry

Do you know a language other than English?: Yes No

Language: _____ Speak Read Write

Language: _____ Speak Read Write

Other special services: (*manicurist, hairdresser, masseuse, etc.*)

Do you have access to transportation?: Yes No

How did you hear about our Hospice volunteer program?:

Why do you want to be a hospice volunteer?:

What qualities (*skills, talents, knowledge, and experiences*) **do you feel you can incorporate into your hospice volunteer work?:**

Have you ever provided care to anyone who is dying?: Yes No (*If yes please explain*)

Comments:

I understand that any information that is disclosed to me while assisting the Hospice is confidential.

DECLARATION

I hereby certify that the statements made on this application are true and correct to the best of my knowledge.

Applicant Signature

Date