

# Volunteer Application Form

Thank you for your interest in becoming a Hospice Volunteer. This application form was developed specifically for our hospice and therefore, some of the questions may seem unduly personal or private. However, this information has proven to be most helpful in making our volunteer assignments.

*(Please Print)*

<b>PERSONAL</b>	Name	Last	First	Middle	Birth Month / Day
	Address				
	City, State, Zip				Phone
	Emergency Contact				Phone

<b>EMPLOYMENT</b>	Current Employment Status:				
	<input type="checkbox"/> Not Employed <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self-employed				
	Occupation				
	Employer				
	Employer Address				
City, State, Zip				Business Phone	

<b>EMPLOYMENT HISTORY</b>	Previous Employer	Previous Employer
	Address	Address
	City, State, Zip	City, State, Zip
	Description of work performed	Description of work performed

<b>VOLUNTEER HISTORY</b>	Agency	Agency
	Address	Address
	City, State, Zip	City, State, Zip
	Description of volunteer work	Description of volunteer work

*(CONTINUED ON REVERSE SIDE)*

<b>EDUCATION</b>	School Attended	School Attended
	Address	Address
	City, State, Zip	City, State, Zip
	School Attended	School Attended
	Address	Address
	City, State, Zip	City, State, Zip

<b>INTERESTS</b>	This is a list of special services provided to patients and families by our Volunteers. Please check those services you are willing to provide.	
	<input type="checkbox"/> Caregiver Relief (Respite)	<input type="checkbox"/> Bereavement
	<input type="checkbox"/> Child Care	<input type="checkbox"/> Household Chores
	<input type="checkbox"/> Outdoor Chores (yard work, snow shoveling, etc.)	<input type="checkbox"/> Companionship
	<input type="checkbox"/> Language and Communication (foreign, sign, speech therapy) please specify _____	<input type="checkbox"/> Transportation and Errands
	<input type="checkbox"/> Other (crafts, outings, clowning, etc.) please specify _____	
Program Support Volunteers assist us in several ways. Your commitment to any of the following areas would be greatly appreciated.		
<input type="checkbox"/> Presenter for Volunteer Training	<input type="checkbox"/> Speakers Bureau	
<input type="checkbox"/> Newsletters	<input type="checkbox"/> Special Events	
<input type="checkbox"/> Professional Tasks (contribute according to your skill area, i.e., pharmacy) _____	<input type="checkbox"/> Fund Raising	
<input type="checkbox"/> Other	<input type="checkbox"/> Clerical Tasks (typing, bulk mailing, answering phone)	
Sometimes a patient's life can be made more enjoyable by people sharing hobbies, interests, or skills with them. What special hobbies or interests do you have? (Examples: certain types of music, bird watching, single crafts, photography, collections – i.e. stamps, records, antiques, etc.)?		
Available times for volunteer work: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends		
How much time can you volunteer? _____ hours per week _____ hours per month		
Do you have reliable transportation: <input type="checkbox"/> Yes <input type="checkbox"/> No		
How did you hear about our program?		

<b>REFERENCES</b>	Please give us the name of three (3) people, not related to you, that we may contact for a personal reference:	
	Name	Occupation
	Address	Phone
	Relationship to you	
	Name	Occupation
	Address	Phone
	Relationship to you	
	Name	Occupation
	Address	Phone
	Relationship to you	

Signature \_\_\_\_\_ Date \_\_\_\_\_