

Volunteer Application

Name _____ Date _____
(Last, First, Middle)

Address _____

Phone _____ (home) _____ (cell)

Emergency contact

Name _____ Relationship _____
Phone _____

Areas of interest Patient care Office assistance Bereavement
 Special Service(s) Other _____

Availability _____

Limitations _____

Allergies _____
(List food, animals, medications, plants, etc.)

Do you have transportation? yes no Own your vehicle? yes no

Have you ever been convicted of a felony or misdemeanor yes no
If yes, explain _____

Law violations yes no If yes, explain _____

How did you hear about our Hospice Volunteer Program?

Volunteer Coordinator Community In-service Friend Hospice Employee
 Advertisement Brochure Other _____

Do you have past volunteer experience? yes no If yes, please explain:

References (Give the names of two (2) persons whom we may contact)

Name	Address	Phone Number(s)

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that, if falsified statements are present, it shall be grounds for dismissal. I authorize the release of information pertinent to my employment from the above listed references.

Applicant's Signature _____ Date _____