

## VOLUNTEER APPLICATION

All Information is Confidential

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Work Phone: \_\_\_\_\_ May we contact you at work? Yes \_\_\_ No \_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you have a valid driver's license/current auto insurance and a car for use as a volunteer? \_\_\_\_\_

<p><b>Volunteer Position Desired:</b> Patient Care _____ Bereavement Phone Caller _____ Office _____ Community Relations _____ Fund Raiser _____ Complimentary Techniques: _____ Speaker's Bureau _____ List Specialty (such as interpreter, licensed hair dresser, pet therapy ,etc.) _____ Intern: (indicate field desired): _____ Group Project: _____</p>
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### Volunteer History Experience: (List most recent)

Agency: \_\_\_\_\_

Assignment: \_\_\_\_\_

Length of service: \_\_\_\_\_

Agency: \_\_\_\_\_

Assignment: \_\_\_\_\_

Length of service: \_\_\_\_\_

### Work History: (List most recent. If retired, list past occupation):

Name/Address: \_\_\_\_\_

Dates: \_\_\_\_\_

Occupation/Position: \_\_\_\_\_

Name/Address: \_\_\_\_\_

Dates: \_\_\_\_\_

Occupation/Position: \_\_\_\_\_

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

What type of work gives you satisfaction? \_\_\_\_\_

Do you have any physical conditions, health problems, or allergies which we should consider before placing you as a volunteer? \_\_\_\_\_

Special skills, interests, hobbies: \_\_\_\_\_

Education	Circle Last Year Completed	Degree Completed
High School	1 2 3 4	
College	1 2 3 4	
Trade, Business School	1 2 3 4	
Current Student? _____Yes _____No	School: _____	

**REFERENCES:** Please list two persons other than family members who have known you for at least one year:

Name	Address	Daytime Phone	Email	Association	Years Acquainted

**AUTHORIZATION:**

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to be considered for volunteer placement.

I authorize The Center for Hospice & Palliative Care, Inc. to contact the above references.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Thank you for your cooperation in completing this form.**