



Hospice Volunteer Application

Applicant Information

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit #

City State ZIP Code

Phone: Email

Availability

During which hours are you available for volunteer assignments?

Weekday mornings Weekday afternoons Weekday evenings Weekends

Interests

Tell us in which areas you are interested in volunteering?

Office Volunteer Events Volunteer Patient Care Volunteer (Veteran Support, Art, Music, Photography)

Motivation:

What motivates you in your desire to volunteer your services?

Two horizontal lines for text input.

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Four horizontal lines for text input.

Name three of your strengths:

- 1. _____
- 2. _____
- 3. _____

Name three of your weaknesses:

- 1. _____
- 2. _____
- 3. _____

Volunteer Experience

Summarize your previous volunteer experience:

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, national origin, gender, age, or disability.