



Volunteer Application

Mr. / Mrs. / Ms. /Miss Last Name: _____ First: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Telephone: _____ Cell Phone: _____

Employment History/School:

Full time Part time Retired

Have you ever been convicted of a crime in the past 5 years, barring employment in a Home Care and community support Agency? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If yes, describe in full: _____

Are the hours you seeking as a volunteer needed to satisfy a "community service" requirement associated with a disciplinary action? Yes No

(Answering yes to the above does not constitute a bar to participate. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and the type of volunteer assignment will be taken into account.)

Highest Level of education completed _____

Emergency contact name, address and phone number: _____

Outreach

Bereavement

11th Hour

Other

Please tell us why you wish to become a hospice volunteer?

Please tell us what you feel hospice does for patients and families and how you feel about death/dying.

I certify that the information provided in this application are true and complete to the best of my knowledge and understand, that, if accepted for a volunteer position, falsified statements on this application SHALL BE GROUNDS FOR DISMISSAL.

I Authorize complete investigation of all statements contained herein and herby give my full permission for the Agency to contact and fully discuss my background and history with all persons and entities listed above to give the Agency any and all information concerning my previous employment and any information they may have, and release all former employees and others listed above from all liability for any damage that my result from furnishing the same to the Agency.

Signature

Date of Application