

Volunteer Application

Name _____ Date _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____ Fax _____

E-mail Address: _____

Employer _____

Business Address _____

Work Phone _____ Position Held _____

Highest Level of Education Completed _____ Where _____

Any other training or seminars? _____

Are you a U.S. Veteran? _____ Which branch? _____

Are you presently attending school? _____ Where? _____

Courses _____

Do you speak a second language? _____ Read? _____ Write? _____

If yes, which language(s)? _____

Do you have access to a car? Yes No

Willing to provide proof of auto insurance & driver license? Yes No

How far are you willing to drive to volunteer? _____

Which day(s) are best for you to volunteer? _____

Time(s)? _____

How did you hear about Creekside Hospice? _____

Areas of Interest:

Office Support:

_____ Clerical _____ Data Entry _____ Answer Phones _____ Mailings

_____ Other (explain): _____

Patient Support _____ Bereavement Support _____

I am willing to be assigned to a smoker: Yes No

I can be assigned to a home with cats or dogs: Yes No

Previous Volunteer Experience:

Have you been a Hospice Volunteer before? _____
If yes, name of Hospice _____
Street Address: _____
City _____ State _____ Zip _____
Volunteer Coordinator's name: _____
Phone _____ Type of volunteer work _____

Why do you want to be a volunteer? _____

Personal References:

Name: _____ Phone: _____
Street Address: _____
City _____ State _____ Zip _____
How long known: _____ Relationship: _____

Name: _____ Phone: _____
Street Address: _____
City _____ State _____ Zip _____
How long known: _____ Relationship: _____

Name: _____ Phone: _____
Street Address: _____
City _____ State _____ Zip _____
How long known: _____ Relationship: _____

I authorize an investigative report to be made whereby information is obtained through personal interviews with third parties. I understand and consent to an inquiry that may include information as to my character, general reputation, and personal characteristics, whichever may be applicable. I hereby release from all liability or responsibility all persons, companies, organizations or corporations furnishing such information.

I am willing to adhere to the rules and regulations of the Foundation for Creekside Hospice to the best of my ability. I agree to respect the client's confidentiality. I understand that I will begin service on a reciprocal trial basis.

Volunteer's Signature: _____ **Date:** _____

Volunteer Coordinator's comments:

Volunteer Coordinator's Signature: _____ **Date:** _____