



VOLUNTEER APPLICATION FORM

Thank you for your interest in becoming a Hospice Volunteer. This application form was developed specifically for our Hospice program, and therefore some of the questions may seem unduly personal or private. However, this information has proven to be most helpful in making our volunteer assignments. We ask that volunteers make a year commitment to working with our agency.

Name _____ Date _____

Address _____ Phone _____

_____ Zip _____

Cell Phone: _____ E-Mail address: _____

Occupation _____ Business Phone: _____

Employer _____

Social Security# _____

Education-schools attended: _____ Degree _____ Major _____

Employment history: _____ Dates _____ Job Title _____ Supervisor _____ Phone # _____

Volunteer experience: _____ Dates _____ Description of Work _____

Other involvements? _____

Professional affiliations/honors? _____



Do you have automobile insurance policy? Yes _____ Policy No. _____

Car:	Do you have a valid driver's license?	Yes	No
	Do you have daytime access to a car?	Yes	No
	Are you willing to provide transportation?	Yes	No

Experiences, special skills, office skills, arts and crafts, music, etc?

Why do you want to be a Hospice Volunteer?

Has someone close to you died recently? If yes, please explain the circumstances.

Categories of volunteer service:

_____ Office and staff related	_____ Bereavement Team(TAP)
_____ Patient care	_____ Speaker's Bureau

Available time for volunteer work:

_____ Days _____ Evenings _____ Weekends

Name of two people we may contact, with your permission, for a personal reference:
(Please do not use family members)

1. Name _____ Occupation _____
 Address _____ Phone _____
 Relationship to applicant _____

2. Name _____ Occupation _____
 Address _____ Phone _____
 Relationship to applicant _____



I am willing to make a 6-month commitment as an active volunteer with Trinity Hospice.

Signature of applicant

Date of interview: _____

Please enclose a copy of your driver's license and auto insurance card.

Interviewer's comments:

Interviewer's Signature

I do authorize the release of all records or information to Trinity Hospice to be used in a background investigation as a prerequisite to volunteering. Background information will include a criminal record check, employment records verification, and references.

Signature of Applicant

Date

Applicant's Social Security Number

Witness