



## Volunteer Application

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Phone: (H): \_\_\_\_\_ Cell or Work Phone: \_\_\_\_\_

Emergency Contact's Name & Phone Number: \_\_\_\_\_

### **BACKGROUND INFORMATION:**

**Education:** (indicate highest level completed)

Elementary    High School    Trade School    College    Post Graduate

Field of Study: \_\_\_\_\_

**Employment:** Are you currently employed? No  Yes  Full Time  Part Time

Job Title & Place of employment: \_\_\_\_\_

What type of work have you done in the past? \_\_\_\_\_

Have you served in the military? No  Yes  Dates & Branch: \_\_\_\_\_

Volunteer Experience: Have you ever volunteered before? Y  N

If yes, list organization(s) and type of work \_\_\_\_\_

**Hobbies, Skills & Interests** (check any that are applicable)

- |                                       |                                       |   |
|---------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Nursing      | <input type="checkbox"/> Teaching     | <input type="checkbox"/> Public Speaking          |
| <input type="checkbox"/> Fundraising  | <input type="checkbox"/> Computer     | <input type="checkbox"/> Data Input/Office Skills |
| <input type="checkbox"/> Hair Styling | <input type="checkbox"/> Carpentry    | <input type="checkbox"/> Cooking                  |
| <input type="checkbox"/> Music        | <input type="checkbox"/> Photography  | <input type="checkbox"/> Arts & Crafts            |
| <input type="checkbox"/> Fishing      | <input type="checkbox"/> Cards/Bridge | Other: _____                                      |

Do you know a foreign language?: N  Y  Specify: \_\_\_\_\_

**Transportation:**

Do you drive? Y  N  Do you have a car at your disposal? Y  N

**Health:** Do you have any physical restrictions that might affect your volunteer placement with Hospice? (i.e. bad back, hearing or vision problems)

**Personal Experiences with loss/hospices:**

Have you experienced any deaths in your family or of those close to you? Y  N

If yes, please specify your relationship to the person(s) and date of death:

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Have you ever dealt with a hospice? Y  N

If yes, name and location of hospice \_\_\_\_\_

**When are you most often available?**

Days     Evenings     Weekends     Short Notice

**What volunteer jobs interest you? Check any of interest**

- Patient Sitter/Respite Care     Special Needs/Maintenance     Office Support (Avail. M-F 8-4:30)  
 Nursing Home Visitor     Special Events  
 Bereavement Support     Dog Therapy Handler     Transportation (Must be 55 or over)  
 Care Caller     Pet Pledge    Other \_\_\_\_\_

**What led you to choose volunteering with Hospice of St. Francis?**

\_\_\_\_\_  
\_\_\_\_\_

**List 3 Personal References who have known you for at least 3 years**

**Name, Phone Number and Address of Personal References (Do not include relatives):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**How did you hear about our volunteer program?**

Word of mouth     Newspaper     Hospice newsletter     Flier     Internet

Other: \_\_\_\_\_

Signature: \_\_\_\_\_

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