



VOLUNTEER APPLICATION

PERSONAL INFORMATION:

NAME: _____ SS#: _____
Last First Middle

ADDRESS: _____
Street City State Zip

TELEPHONE: HOME _____ CELL _____

BIRTHDAY: _____ AGE _____ EMAIL: _____

PLEASE CHECK ONE: MARRIED DIVORCED WIDOWED SINGLE

EMERGENCY CONTACT: _____
Name Relationship Phone

WILL YOU CONSENT TO A BACKGROUND CHECK YES NO
 WILL YOU CONSENT TO A URINE DRUG SCREEN YES NO
 HAVE YOU EVER BEEN CONVICTED OF A CRIME YES NO, IF YES PLEASE
 EXPLAIN- _____

EDUCATIONAL BACKGROUND:

High School _____ Diploma, Grade Completed _____
 College _____ Diploma, Hours Earned _____
 Trade _____ Diploma, Hours Earned _____

LIST THE TIMES YOU ARE AVAILABLE TO VOLUNTEER:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Evening							

HOW OFTEN WOULD YOU LIKE TO VOLUNTEER? _____

PRIMARY VOLUNTEERING INTEREST:

Direct Patient Visits Clerical/Office Support Special Projects
 Bereavement Nursing Home/Assisted Living Visits Other

ARE YOU INTERESTED IN OFFICE WORK? YES NO (i.e. Craft projects, Mailings, General Office)

SKILLS AND QUALIFICATIONS: _____

WHY DO YOU WANT TO BE A HOSPICE VOLUNTEER? _____

AS ANYONE CLOSE TO YOU PASSED AWAY WITHIN THE PAST YEAR? YES NO

RELATIONSHIP: _____ HOW? _____

Do you speak a foreign language? ____Yes ____No if so, what language: _____

ARE YOU CURRENTLY EMPLOYED? YES NO

HAVE YOU EVER BEEN A VOLUNTEER? YES NO

VOLUNTEER HISTORY

Name of Agency: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Contact Person: _____

Job Title: _____ Volunteer Dates: _____

Duties Performed: _____

Name of Agency: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Contact Person: _____

Job Title: _____ Volunteer Dates: _____

Duties Performed: _____

Please list references/contact information:

1. _____

2. _____

3. _____

I represent and warrant that I have read and fully understand the foregoing, and seek to volunteer my services to Guardian Hospice Care patients, staff, in compliance with and in a professional manner consistent with the training provided by the Volunteer coordinator.

Signature of Applicant

Date