



# VOLUNTEER APPLICATION

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

## APPLICANT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

## AVAILABILITY

Why are you interested in volunteering? \_\_\_\_\_

How did you learn about volunteering for Interim HealthCare Hospice? \_\_\_\_\_

Which hours are you available for volunteer assignments?

Weekdays:  Mornings  Afternoons  Evenings Length of Time: \_\_\_\_\_

Weekends:  Mornings  Afternoons  Evenings Length of Time: \_\_\_\_\_

## SKILLS/EXPERIENCE/QUALIFICATIONS

Are there any skills drawn from previous experiences you would care to use in volunteer work (other languages, hobbies, club/organization memberships, work or volunteer experiences): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous Volunteer Experience (describe): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VOLUNTEER APPLICATION**

**AREAS OF INTEREST**

**ADMINISTRATIVE (Non-Patient):**

Clerical/Office Work:    Photocopying    Filing    Mailings    Packet Assembly  
 Answer Phones    Data Entry    Other (describe): \_\_\_\_\_

Building/Office maintenance:    Cleaning    Supply Management    Grounds Keeping  
 Other (describe): \_\_\_\_\_

Special Projects:    Cooking/Baking/Food Prep    Sewing/Quilting    Crafts  
 Other (describe): \_\_\_\_\_

Community Relations:    Fundraising    Speaking Engagement    Health Fair    Job Fair  
 Other (describe): \_\_\_\_\_

**DIRECT SERVICE (Patient Care):**

Patient Companionship/Support    Patient Caregiver Companionship/Support  
 Respite Relief for Patient Caregiver    Light Housekeeping    Outside Maintenance/Chores  
 Shopping/Errands    Laundry    Meal Preparation    Other (describe): \_\_\_\_\_

**BEREAVEMENT PROGRAM SERVICES:**    Mailings    Filing    Data Entry    Telephone Calls  
 Visits    Support Group Assistance    Memorial Service Assistance    Funeral/Viewing  
 Other (describe): \_\_\_\_\_

**REFERENCES**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Applicant please read: No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for volunteer work because of his or her race, color, religion, sex, age, national origin or any disability of a qualified person.

By submitting this application, I affirm that the facts set forth in it are true, accurate and complete.

Name (printed): \_\_\_\_\_

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