

HOSPICE CIRCLE OF LOVE
VOLUNTEER APPLICATION FORM

Date _____
Month Day Year

Mr. ___ Mrs. ___ Miss ___ Ms. ___ Rev. ___ Dr. ___

Last Name First Name Middle Initial If married, Spouse's name

Check preferred mailing address: Home ___ Business ___

Home
Address: _____
Include Number, Street, City, State, and Zip Code

Business
Address: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____

E-Mail Address: _____

Date of Birth _____

1. Have you ever worked with a hospice before? _____

2. List any pertinent experience: _____

3. Highest grade completed in school: _____

4. If licensed to practice a profession, please list the profession and the state in which licensed: _____

5. Are you a licensed driver? Yes____ No____

6. Do you have a vehicle? Yes____ No____

7. Hobbies or Special Interests: _____

8. If you are able to speak fluently, read or write any other language other than English please list the language(s):

Speak Fluently _____ Read _____ Write _____

9. Are you a veteran? Yes____ No____

10. Job

Experience: _____

11. Individual(s) to be notified in case of emergency:

Name _____ Relationship _____

Address _____ Phone _____

12. List three references other than family members:

Name	Address	Phone	Relationship
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13. Have you ever been charged with a felony?_____

If yes, please explain:_____

14. How did you learn about the Hospice Volunteer program?_____

15. What type of volunteer work are you interested in (check all that apply)?

____Direct work with patients and/or their families

____Office Work

____Fund Raising

____Other (please specify)_____

16. Time you are available (check all that apply):

____Morning ____Afternoons ____Evenings ____Weekends

17. Why do you want to work with Hospice Circle of Love?_____

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application and an oral and or written inquiry of references.

I understand that I am required to abide by all agency policies.

Signature of Applicant

Date

