

Name: _____ Date: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Did you serve in the military? Yes or No If yes, which branch: _____

Emergency Contact Person: _____ Phone # _____

Do you have a valid driver's license/current auto insurance and a car for use as a volunteer? _____

Volunteer Position Desired: Patient Care _____ Bereavement Phone Caller _____ Office _____
 Community Relations _____ Fund Raiser _____ Complementary Techniques: _____ Vet to Vet _____
 List Specialty (such as interpreter, licensed hair dresser, massage, pet therapy ,etc.) _____

 Intern: (indicate field desired): _____

Days and Hours You Are Available: _____

Volunteer & Work History: (List most recent) _____

Do you have any physical conditions, health problems, or allergies which we should consider before placing you as a volunteer?

References: Please list two persons other than family members who have known you for at least one year:

Name	E-Mail Address	Association	Yrs Acquainted

Authorization:

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to be considered for volunteer placement. I authorize Center for Hospice Care to contact the above references.

Signature _____

Date _____