



Volunteer Application and Information Form

Please Print

Date: _____

Name: _____

Address: _____

City, State: _____ Zip Code: _____

Daytime phone: _____

Cell phone: _____

Email: _____

Birthday: _____

Employer: _____

Occupation: _____

Education: _____

Special skills/interests: _____

Languages: English Spanish Other _____

Emergency Contact:

Name: _____ Relationship: _____

Telephone(s): _____

List two (2) references not related to you:

(1) Name: _____

Address: _____

Telephone(s): _____

(2) Name: _____

Address: _____

Telephone(s): _____

Do you drive/have access to a car? Yes No

Please list other organizations that you are involved with in a voluntary capacity such as church, synagogue or other non-profit group:

Your signature: _____

Hospice use only:

- cc Drivers License
- cc Proof of Auto Insurance
- TB test
- Doctor's note
- Two references
- Signed HIPPA Confidentiality Agreement
- Area of Interest
- Criminal Background Check Authorization
- Completed Criminal Background Check
- Completed training
- Competency tests
- Photo ID