



# Volunteer Application Form

\_\_\_\_\_  
Applicant Name

Are you 18 years or older?    Yes    No

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Telephone [Home]

\_\_\_\_\_  
City

\_\_\_\_\_  
Telephone [Work/Cell]

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
E-mail

**How did you learn of Family Hospice Volunteer Services?**

- Brochure       Newsletter       Advertisement       Personal Contact
- Friend       Workshop/ Lecture
- Other \_\_\_\_\_  
Specify

**Are you currently:**

- Self-/ Employed       Student       Semi-/ Retired       Other, \_\_\_\_\_  
Specify

**May we contact you at your place of employment?**       Yes       No       N/A

**What is the best time to reach you by telephone?**       Morning       Day       Evening

**Summary of previous employment:** [You may also attach a resume]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tell us about further training and workshops to your credit:**

\_\_\_\_\_  
\_\_\_\_\_

Current and/or previous Volunteer experiences:

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In which areas are you most interested in Volunteering with Family Hospice?

- Patient/Family Support       Administrative       Special Events  
 Grief and Loss Programs       Fund Raising Campaigns  
 Computer / Web / Tech Support       Board Position       Committee Work  
 Unsure       Other: \_\_\_\_\_

What days and times are you typically available to Volunteer? [Please ✓ all that may apply]

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

- Full Days [9-4]       Half Days [9-1, 12-4]       On-Call / Occasional

What skills and interests will you bring as a Volunteer to Family Hospice?

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Do you have any physical or medical restrictions/ conditions that may affect your function as a Volunteer? [ie: allergies, back, poor vision or hearing, etc.]

- No       Yes [if yes, please describe]

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Have you had experience in working with people with life-threatening illnesses?

- No       Yes [if yes, please describe]

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**Have you experienced a significant personal loss within the last two [2] years?**

**No**       **Yes** [If yes, we would like to talk with you further about the timing of your application]

**Why have you chosen to apply to Volunteer with Family Hospice?**

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**What do you hope to gain from the experience of being a Volunteer with Family Hospice?**

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**Please provide two [2] references whom we may contact:**

Business     Personal     Family reference

Business     Personal     Family reference

\_\_\_\_\_  
Name [Please Print]

\_\_\_\_\_  
Name [Please Print]

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone [Work]

\_\_\_\_\_  
Telephone [Work]

\_\_\_\_\_  
Telephone [Home]

\_\_\_\_\_  
Telephone [Home]

\_\_\_\_\_  
Email

\_\_\_\_\_  
Email

**In an emergency situation, who do you wish us to contact on your behalf?**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone [Work]

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Telephone [Home/Cell.]

*Continued on back*

