

HOMETOWN HOSPICE

VOLUNTEER APPLICATION

Thank you for your interest in becoming a Hometown Hospice volunteer. This application form was developed specifically for our Hospice program, and therefore some of the questions may seem personal or private. All of this information will be treated confidentially, but has in the past proved helpful in making our volunteer assignments.

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____ EMPLOYER: _____

OCCUPATION: _____ WORK PHONE: (_____) _____

Person to notify in case of emergency: _____ Phone # _____

<u>EDUCATION/SCHOOL ATTENDED</u>	<u>DEGREE</u>	<u>MAJOR</u>
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_____	_____	_____
_____	_____	_____

Do you have a valid Driver's License? Yes _____ No _____

Do you have a car? Yes _____ No _____

Do you have current automotive insurance? Yes _____ No _____

Are you over the age of 16? Yes _____ No _____

Do you play a musical instrument? Yes _____ No _____

If yes, what type _____

Hobbies:

Religious Preference: _____

Do you speak another language? Yes _____ No _____

If yes, which one(s): _____

Has someone close to you died recently? Yes _____ No _____

Why yes, please explain circumstances:

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CATEGORIES OF VOLUNTEER SERVICE: (please check one or both)

Direct Service Volunteer _____

Non-direct Support Volunteer _____

Time Available for volunteer work (please check all that apply)

Days _____ Evenings _____ Weekends _____

PATIENT CARE INFORMATION:

Would you be willing to work with AIDS patients? _____

Would you be willing to work in a home where the patient/family smoke? _____

Would you be willing to work with a patient/family with a history of substance abuse?

References: (Name, Address & Phone) References will be contacted by mail/phone.

- 1. _____
- 2. _____
- 3. _____

I _____ authorize Hometown Hospice to contact references listed above by mail/phone for verification of any personal or professional information that may be needed to place myself within this organization as a volunteer. I understand that is required by policy to complete a criminal background check and cannot have been convicted of a crime.

Information need to complete background check with the OSBI:

DOB: _____ SS#: _____

Signature of Applicant

Date