

Volunteer Application Form

Date: _____

Name: _____

Phone: _____

Address: _____

Cell: _____

Business: _____

Phone: _____

Email: _____

Cell: _____

Family Members: _____

Education

Schools Attended	Major	Degree

Volunteer Experience

Organization	Dates	Description of Work

Do you have any health problems/physical limitations that might impact your volunteer service?

Please explain. _____

Special skills, interests, training, languages, etc., which might be helpful in working with patients?

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Has a relative or close friend died within the last few years? Please explain.

Categories of Volunteer Services

(Please check all that interest you)

- Office Work
- Patient-Related
- Fundraising
- Public Speaking
- Bereavement Support

Availability

(Please check the days and write the times that you are most available and prefer to volunteer)

- | | | |
|--|---|---|
| <input type="checkbox"/> Monday _____ | <input type="checkbox"/> Thursday _____ | <input type="checkbox"/> Saturday _____ |
| <input type="checkbox"/> Tuesday _____ | <input type="checkbox"/> Friday _____ | <input type="checkbox"/> Sunday _____ |
| <input type="checkbox"/> Wednesday _____ | | |

Please list the days that you are *not* available: _____

Please give the name, complete address and phone number of 3 people we may contact, with your permission, for a personal reference:

Name: _____ Occupation: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Relationship: _____

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Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Relationship: _____

Name: _____ Occupation: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Relationship: _____

I am willing to participate in a training program, and to make a one year commitment as an active volunteer with Hospice Care in Westchester and Putnam.

Signature of Applicant

Interview Date: _____ Reference Check: _____
Status: _____ Training: _____
Coordinator: _____