



## Volunteer Application

Date: \_\_\_\_\_

### Personal Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Cell: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Identification Type \_\_\_\_\_

Fingerprint Card \_\_\_\_\_

Current PPD or Chest X-ray?  No  Yes

Are you over 18 years of age?  No  Yes

Date available to start: \_\_\_\_\_

Hours Available: \_\_\_\_\_

Days Available:

Mon

Tues

Weds

Thurs

Fri

Sat

Sun

**Office Notes:**



**Education:**

Type of School	Name/Location	Dates Attended	Degree Received	Subject(s) Studied	Did you graduate?
High School					
College/ University					
Graduate School					
Technical School					
Other					

**Special courses, training or experience acquired, including military experience:**




**Skills:**

Clerical or Office Skills	
Computer Skills	
Languages	
Other special knowledge or skill	

Please describe any other experience, abilities or skills that might be helpful in considering placement:


**Employment History:** List former employers and positions: (please list most recent 1<sup>st</sup>)

**Company #1** \_\_\_\_\_

Address \_\_\_\_\_

To/From (Mo/Yr) \_\_\_\_\_

Job title/Duties \_\_\_\_\_

**Company #2** \_\_\_\_\_

Address \_\_\_\_\_

To/From (Mo/Yr) \_\_\_\_\_

Job title/duties \_\_\_\_\_



**Company #3** \_\_\_\_\_

Address \_\_\_\_\_

To/From (Mo/Yr) \_\_\_\_\_

Job title/duties \_\_\_\_\_

**Personal Experiences**

Have you experienced a loss or the death of someone close to you?  No  Yes

If yes, please specify relationship to you \_\_\_\_\_ Date of loss: \_\_\_\_\_

**Please check any areas of skill and/or interest.**

- Baking
- Bereavement/Adult
- Computer
- Crafts
- Games/Puzzles/Cards
- Gardening
- Handyman/woman- fixit projects
- Interpreter
- Mailings Support
- Patient/Family Support
- Painting
- Reading Aloud
- Sewing
- Other \_\_\_\_\_



**References:** Please list three (3) people who have knowledge of your abilities, experience, and work habits.  
**Please use only one family member.**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship: \_\_\_\_\_ # of years known \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship: \_\_\_\_\_ # of years known \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship: \_\_\_\_\_ # of years known \_\_\_\_\_

**Emergency Notification:**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone #: \_\_\_\_\_

Are you related to anyone in our employment?  No  Yes

Name: \_\_\_\_\_

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I have truthfully completed my volunteer application to Harmony Hospice. I understand that a personal interview is required of all volunteers. If I am accepted as a direct service volunteer for hospice families, I understand that I will be subject to a criminal background check.

Signature \_\_\_\_\_ Date \_\_\_\_\_