



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 1st)

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: _____

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 _____