



Volunteer Application

Date: _____

Name: _____

Address: _____
Street City State Zip

Phone: () - Email: _____

Are you at least 18 years of age? No Yes

Please list hours of availability:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Education - Highest grade completed: _____

Degrees/Licenses: _____

Are you currently a student? No Yes Field of Study: _____

Where? _____

Are you currently employed? No Yes Occupation: _____

Please describe past or current employment experience: _____

Please describe past or current volunteer experience: _____

Other special training or experience, including military experience: _____



Other skills, hobbies, or special interests: _____

Do you have reliable transportation? No Yes

If you will be driving to the patient's home, we will require a copy of your driver's license and proof of auto insurance. Will you be able to provide both? No Yes

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

If yes, please describe and include date of loss/death: _____

Have you ever been convicted of a crime? No Yes

If yes, please provide a brief explanation: _____

Emergency Contact:

Name: _____

Address: _____

Phone: () - Email: _____

Relationship: _____

Are you related to anyone in our employment? No Yes

If yes, please list: _____



Why do you want to volunteer at Harmony Hospice? _____

References: We require two references (NOT RELATIVES). Please provide their information so we may contact them to attest to your suitability to be a Harmony Hospice Volunteer.

Name: _____
Address: _____
Phone: (_____) - _____ Email: _____
Relationship: _____

Name: _____
Address: _____
Phone: (_____) - _____ Email: _____
Relationship: _____

I understand that volunteer placement within Harmony Hospice takes into consideration both the immediate needs of the department and the interest, skills and availability of the applicant.

I understand that, by submitting this application, I authorize inquiries to be made concerning my employment and volunteer experience, character and public records for the purpose of determining my suitability as a volunteer.

I hereby certify that statements made on this application are true and correct to the best of my knowledge.

If accepted as a volunteer, I understand that I must abide by all of the policies, rules and regulations of Harmony Hospice.

Signature _____ Date _____

SUBMIT COMPLETED APPLICATION TO: LWestbrooks@HarmonyHospice.org