

Volunteer Application

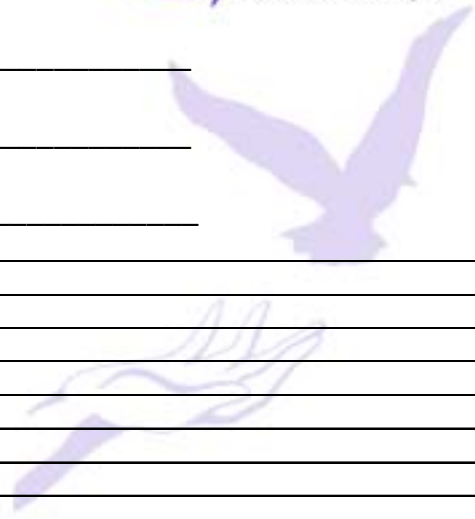


Date: _____

Name: _____

Address: _____

Phone: (H) _____ (W) _____



1	Social Security #		
2	North Carolina Driver's License #		
3	Current Employer's Address		
4	Current Employer's Phone #		
5	Would you prefer that we call at <input type="checkbox"/> work or <input type="checkbox"/> home		
6	Best time to call:		
7	Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8	Please List any previous professional or volunteer experience		
	Professional/Volunteer Experience	Date	Responsibilities
			Supervisor's Name & Phone Number
A			
B			
C			
9	Have you ever volunteered or worked at a hospice before?		
	If yes, where and when:		
10	Have you taken any hospice volunteer training?		
	If yes, where and when:		
11	Please list three people (non-relatives) whom we may contact for references. If you are employed, please give at least two work references.		
	Name of Reference	Address	Occupation
			Phone Number

12.	The answers to the following questions in the box will help us make an appropriate match between you and your job assignment or patient/family. Please answer these as fully and truthfully as possible.	
Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Marital Status: <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> D
Birthday:		Church Affiliation/Religion:
Please circle the highest grade completed: 9 or less 10 11 12 13 14 15 16+		
What kind of services do you see yourself performing for Hospice? (Ex. Office work, Committees, Bereavement, Patient Care, etc.)		
1.		
2.		
3.		
What days and times are you available for volunteer work?		
Are you flexible in accepting different cultural, religious or ethnic backgrounds?		
Are there any personal reasons or circumstances for which you would refuse to work with or provide services to individual hospice patients and their families? If yes, please specify:		
Please list any civic and/or professional organizations to which you belong?		
Please list any special skills, hobbies, or interests (art, reading, music, needlework, history buff, etc.)		
Have you had a death in your immediate family within the last year? If yes, please explain:		
13.	Have you ever been convicted of a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:		
14.	I hereby acknowledge that the preceding information is, to the best of my knowledge, correct. And I give my permission to Hospice of McDowell County, Inc. to contact the references I have listed. I also understand there will be a court check made of any prior arrests or convictions. I also authorize Hospice of McDowell County, Inc. to inquire about my qualifications from other people and/or organizations, which it may deem appropriate.	
Signature:		Date: