

**HOSPICE OF THE PINES**  
Volunteer Application

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

In case of an emergency, please notify \_\_\_\_\_.

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

• **Skills and Interest**

Education Background \_\_\_\_\_

Current occupation \_\_\_\_\_

Hobbies, skills, interest \_\_\_\_\_

Previous hospice experience \_\_\_\_\_ Yes \_\_\_ No \_\_\_

If yes, where and date of certification \_\_\_\_\_

• **Preferences in Volunteering**

What type of volunteer service would you be interested in? (Check all that apply)

\_\_\_ Working one on one with a single patient

\_\_\_ No preference

\_\_\_ Working directly with a staff person

\_\_\_ Do public speaking

\_\_\_ General administrative duties

\_\_\_ Group projects

\_\_\_ Other: \_\_\_\_\_

• **How did you hear about Hospice of the Pines?**

\_\_\_ Newspaper

\_\_\_ Referred by friend or volunteer

\_\_\_ Other

• **Availability**

At what times are you interested in volunteering

\_\_\_ I am flexible

\_\_\_ Prefer weekdays

\_\_\_ Prefer evenings

\_\_\_ Prefer weekends

\_\_\_ Prefer days

\_\_\_ Other

What state were you born in: \_\_\_\_\_

Did you serve in the Military?

\_\_\_ Yes

\_\_\_ No

Volunteer application (cont'd)

• **Background Verification**

Have you ever been convicted of a federal offense? \_\_\_ No \_\_\_ Yes

If Yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been charged with neglect, abuse or assault?

\_\_\_ No \_\_\_ Yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Has your driver's license ever been suspended revoked in any state?

\_\_\_ No \_\_\_ Yes, explain \_\_\_\_\_  
\_\_\_\_\_

Do you use illegal drugs? \_\_\_ No \_\_\_ Yes, explain \_\_\_\_\_  
\_\_\_\_\_

Do you have any physical limitations or are you under any course of treatment that might limit your ability to perform certain types of work? \_\_\_ No \_\_\_ Yes, explain

\_\_\_\_\_  
\_\_\_\_\_

Please list two non-family references that we might contact:

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

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

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

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is cause for non-consideration of this application.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Required if you are under 18 years of age