



# Volunteer Application

Date \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Past Volunteer Experience** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Current/Past Employment** (include position and skills learned) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Desired Schedule** (check days and times available)

- |                                    |                                   |   |
|------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   | <input type="checkbox"/> Morning (9 a.m. to noon)   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday | <input type="checkbox"/> Afternoon (noon to 5 p.m.) |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   | <input type="checkbox"/> Evening (5 p.m. to 8 p.m.) |
| <input type="checkbox"/> Thursday  |                                   |   |

Frequency of volunteer availability (e.g., weekly, semiweekly, monthly) \_\_\_\_\_

Have you experienced a significant loss in the past 12 months? (Circle one)      Yes      No

If you selected yes: (Circle one or more)      Death      Divorce      Move      Career/School Change      Prefer not to say

Would you rather work in a one-on-one setting or a group environment?      Individual      Group      Both

What volunteer areas are you interested in?

- |                                       |   |   |   |   |
|---------------------------------------|---|---|---|---|
| <input type="checkbox"/> Patient Care | <input type="checkbox"/> Bereavement      | <input type="checkbox"/> Spiritual Care | <input type="checkbox"/> Administrative Support | <input type="checkbox"/> Remote Support |
| <input type="checkbox"/> Crafting     | <input type="checkbox"/> Special Programs | <input type="checkbox"/> Events         | <input type="checkbox"/> Public Speaking        | <input type="checkbox"/> Undecided      |

What language(s) do you speak? \_\_\_\_\_



## Volunteer Application

**References:** Please provide the name and phone number or e-mail address of two non-family members who can provide references on your ability to perform this volunteer position.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

What accommodations should we make for your volunteer service (allergies, disabilities, etc.)? \_\_\_\_\_

Emergency Contact \_\_\_\_\_

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

### Education or Applicable Credentials

School	Date	Degree	Location

VOLUNTEER DEPARTMENT USE ONLY
Follow up _____



## Volunteer Application

PLEASE READ:

The facts set forth in my volunteer application are true and complete. I understand that if accepted in a volunteer role, false statements or omissions on this application will result in revocation of my volunteer status.

Permission is hereby given to Hummingbird Hospice to investigate previous employment, educational background and references. I release Hummingbird Hospice and former employers from any liability resulting from any lawful information provided which may result in termination of my volunteer status.

I understand that Hummingbird Hospice has a policy requiring that a background check be completed on all volunteers, and will be done upon completion of the Volunteer Training Program at no cost to me. I agree to provide any additional information necessary to complete the background check.

I understand that Hummingbird Hospice has a policy prohibiting conflicts of interest or improper use of proprietary information which prohibits any release or use of Company property that would interfere with the business interests or operations of Hummingbird Hospice.

I understand that my volunteer status may be terminated at any time by either Hummingbird Hospice or myself with or without cause.

Volunteer Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

(if applicable)

Parent/Guardian Full Name \_\_\_\_\_

(Printed)