



Volunteer Application

Date _____

Name _____ Date of Birth _____

Address _____

City, State, Zip _____ Phone _____

Email _____

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? (Circle one) One on One 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? _____



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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)