



VOLUNTEER APPLICATION FORM

Confidential

Name: _____ Date: _____

Street Address: _____

Town: _____ Postal Code: _____

Phone: Home: _____ Work: _____ Cell: _____

E-mail: _____

Best time to contact: _____

Preferred method of communication: Telephone or Email

Approximate Age Range: 16-20 21-30 31-40 41-50 51-60 61-70 71-80 81-

In Case of Emergency Contact:

Name: _____ Phone: _____ Relationship _____

Volunteer Positions and Preferences

In which area of voluntary work are you interested?

(Subject to availability of current vacancies)

Please check as many boxes as you wish

<p>2018 Fundraising Events: Volunteers are needed on the day of the event: <i>Please indicate your interest:</i></p> <p>Purple Tea and Silent Auction (Spring 2019) <input type="checkbox"/></p> <p>Hike for Hospice Event (Sunday, May 5, 2019) <input type="checkbox"/></p> <p>Swim for Hospice Event (Sunday, August 12, 2018) <input type="checkbox"/></p>		<p>Residential Hospice: <i>Please mark your interest::</i></p> <p>Front Desk Hostess/Reception Volunteer <input type="checkbox"/></p> <p>Kitchen/Baking <input type="checkbox"/></p> <p>Gardening/Landscaping <input type="checkbox"/></p> <p>Building Maintenance <input type="checkbox"/></p>	
<p>Subcommittee Member: <i>please indicate fundraisers interested in</i> <input type="checkbox"/> Purple Tea/Silent Auction <input type="checkbox"/> Hike for Hospice <input type="checkbox"/> Swim for Hospice</p>	<input type="checkbox"/>	<p>Proposal/Grant Writing: <input type="checkbox"/></p>	<input type="checkbox"/>
<p>General Administration/Office Help: Excel and Word proficient</p>	<input type="checkbox"/> <input type="checkbox"/>	<p>Photography: <input type="checkbox"/></p> <p>Board Member: <input type="checkbox"/></p>	<input type="checkbox"/> <input type="checkbox"/>
<p>Visiting Volunteer: (10 week training session required)</p>	<input type="checkbox"/>	<p>Other: Please list</p>	<input type="checkbox"/>

Work Experience and Education

Are you currently involved in or have you had any previous experience of voluntary work? _____
Yes _____ No _____ If yes, please give details

Are you currently employed? _____ Yes _____ No _____
If yes, where are your currently employed and in what capacity.

Please describe your education, skills and abilities that may be beneficial to our organization.

Language and Culture

Do you speak, write or ready in any languages other than English? _____ Yes _____ No

Speak: _____ Write _____ Read _____

Speak: _____ Write _____ Read _____

What cultures are you familiar with? _____

Reason for Volunteering

Why would you like to volunteer for Hospice Huntsville? _____

How did you learn about volunteering at Hospice Huntsville? _____

Background Information

Have you had experience with the terminally ill? _____ Yes _____ No

Have you suffered any bereavement within the last year? _____ Yes _____ No

Do you have any physical or medical restrictions/conditions that may affect your function as a volunteer? _____ Yes _____ No

Do you have any allergies? _____ Yes _____ No

Do you have any criminal convictions that have not been pardoned? _____ Yes _____ No

Driving

Do you have a valid driver’s license? _____ Yes _____ No
 Do you have access to a vehicle? _____ Yes _____ No
 Do you have up-to-date insurance? _____ Yes _____ No

Hobbies and Leisure

What hobbies and interests do you have? _____

References

Please give details of two references whom we have permission to contact. These should not be relatives and preferably have known you for at least two years.

- Name: _____ Phone: _____
 Nature of Relationship: _____
- Name: _____ Phone: _____
 Nature of Relationship: _____

I _____ give my permission to a representative of Hospice Huntsville to contact these individuals by telephone.

I certify that all the statements made on this form are complete, true and correct. I understand that any false information on this application will be cause for termination as a Hospice Huntsville volunteer

Signature : _____

Availability: When are you available to volunteer? (please check all that apply)							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							
How frequently are you able to volunteer?							
<input type="checkbox"/> More than once a week		<input type="checkbox"/> Once a week		<input type="checkbox"/> Twice a month		<input type="checkbox"/> Once a month	

Personal information on this volunteer application form is collected and will only be used to maintain a record of an individual as it pertains to volunteer activities within Hospice Huntsville, unless disclosure of such information is compelled by law.

Thank you for your interest in volunteering with Hospice Huntsville!