



VOLUNTEER APPLICATION FORM

Confidential

Name: _____ Date: _____

Street Address: _____

Town: _____ Postal Code: _____

Phone: Home: _____ Work: _____ Cell: _____

E-mail: _____

Preferred method of communication: Telephone or Email

Best time of Day to Contact: _____

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)*

<input checked="" type="checkbox"/> Please check as many boxes as you wish		
<u>Residential Volunteers</u>		<u>Signature Fundraising Events</u>
Front Desk Reception/Hostess	<input type="checkbox"/>	Organizing Committee <input type="checkbox"/>
Kitchen/Baking	<input type="checkbox"/>	Event Day <input type="checkbox"/>
Gardening/Landscaping	<input type="checkbox"/>	General Administration/Office Help (Word, Excel, Internet proficient) <input type="checkbox"/>
Building Maintenance	<input type="checkbox"/>	
Visiting Volunteer (10-week training session required)	<input type="checkbox"/>	Board Member <input type="checkbox"/>

For more detailed information on Hospice Volunteer opportunities, please contact Hospice Huntsville.

June 2021

Availability: When are you available to volunteer? <i>(please check all that apply)</i>							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							
How Frequently can you 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	

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

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? _____

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 provide two references whom we have permission to contact. These should not be relatives and preferably have known you for at least two years (example: co-worker, volunteer associate).

1. Name: _____ Phone: _____
Nature of Relationship: _____

2. 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: _____

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!