



# VOLUNTEER APPLICATION FORM

Confidential

Full Legal Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Pronouns: \_\_\_\_\_

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

Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Preferred 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)*

☒ Please check as many boxes as you wish

<b><u>Residential Volunteers</u></b>		<b><u>Signature Fundraising Events</u></b>	
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"/>		Grant/Proposal Writing
Visiting Volunteer -must be 19 years or older (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.

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

*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!***