



Please Print

Hospice Ministries, Inc. Volunteer Program Application

Name: _____ Date: _____

Mailing Address: _____

City: _____ County: _____ Zip: _____

E-mail: _____

Home Phone: _____ Work# _____ Cell# _____

Is it ok to call you at work? Y N

Person to notify in an emergency: _____ Phone: _____

Are you a Veteran: Y N

If so what branch of service were you affiliated with?

Education:

Please specify your field of study or special classes you have taken:

Employment: Current employed: _____ Full-time; _____ Part-time; _____ Unemployed; _____ Retired

Type of work: _____

Work Experience: _____

Have you ever done volunteer work before? Y N If so, please specify the type(s) and time committed.

Please list your special skills and hobbies: _____

Please list your special interests and special training: _____

How did you hear about Hospice Ministries? _____

In what area would you be interested in volunteering, you can pick more than one.

____ Patient Care

____ Fund Raising

____ Chaplain Volunteer*

____ Administrative Staff Support

____ Bereavement Support*

* Requires more training.

Do you have a current driver's license? Y N Do you have a vehicle at your disposal? Y N

How often would you be willing to participate as a volunteer? _____ Once a week
_____ Once a month
_____ Several times a week
_____ Several times a month

Why would you like to volunteer with Hospice Ministries?

Please list two references we may contact: Please fill out the entire address. Please print:

Name: _____	Name: _____
Address: _____	Address: _____
City: _____ ST: ____ Zip: _____	City: _____ ST: ____ Zip: _____
Phone: _____	Phone: _____

Please describe below any information you think is important regarding your volunteer service.