



VOLUNTEER APPLICATION

(PLEASE PRINT)

PERSONAL INFORMATION

Last Name	First Name	Middle Name	Age ● 15-18 ● 18-24 ● 25-64 ● 65+	
Street Address		City	State	Zip Code
Home Telephone ()	Work Telephone ()	Social Security Number - -		

AVAILABILITY

(Please identify the days or part days you are able to help)

	8:30 A.M. – 1:00 P.M.	1:00 P.M – 5:00 P.M.	5:00 P.M. – 8:30 P.M.
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

EMERGENCY CONTACT

(In case of any emergency that may arise while on duty with the hospice, please supply us with the following information)

Last Name	First Name	Middle Int.	Relationship	
Street Address		City	State	Zip Code
Home Telephone ()	Work Telephone ()	Mobile Telephone ()		

REFERRAL SOURCE

(Please check box below)

<ul style="list-style-type: none"> ● Advertisement (specify publication) _____ ● Employee Referral (provide employee's name) _____ 	<ul style="list-style-type: none"> ● Internet ● Job Line ● Friend/Relative ● Walk In ● Temp Service 	<ul style="list-style-type: none"> ● Former Employee ● Phone Inquiry ● Newspaper ● Other Volunteers ● Other (specify source) _____
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EMPLOYMENT

(Please provide information concerning your current or past employer)

Employer		Dates Employed		Job Duties
Address		To	From	
Telephone Number(s)				
Job Title	Supervisor			

Have you ever volunteered at Avalon Hospice and Palliative Care before? • Yes • No

If yes, give date: _____ (Start Date) _____ (Ending Date)

Do you drive? • Yes • No

Do you have a car you can use for volunteer work? • Yes • No

Do you have a valid driver's license? • Yes • No

Driver's License Number _____ Class of License _____

Have you had your driver's license suspended/revoked in the last 3 years? • Yes • No

Have you ever been convicted of a felony? • Yes • No

If yes, explain the conviction. (A conviction will not necessarily disqualify you from employment.)

EDUCATION

	High School				Undergraduate College/University				Graduate/Professional			
School Name and Location												
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree												

LIST PROFESSIONAL LICENSES, CERTIFICATIONS OR REGISTRATIONS

TYPE	STATE	NUMBER	EXPIRATION DATE

REFERENCES

Please provide the names of at least three references (**not friends, relatives or co-workers**) that may be contacted by us. All references should have specific knowledge of your work performance.

Name	Address	Phone #	Occupation/Job Title	How Does This Person Know You?

Please describe why you want to volunteer at Avalon Hospice & Palliative Care and why you will be successful and describe what skills you have to offer:

VOLUNTEER STATEMENT

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification or omission of pertinent information is grounds for dismissal.

I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application. I hereby release them and Avalon Hospice & Palliative Care from any and all liability for issuing receiving, or using any such information. I authorize Avalon Hospice & Palliative Care to request and receive such information.

In consideration for my services as a volunteer by your company, I agree to conform to the rules and regulations of the company and acknowledge that these rules and regulations may be changed, interpreted, withdrawn or added to by your company at any time, at the company’s sole option and without prior notice to me. I acknowledge that my volunteer services may be terminated and any projects may be withdrawn, with or without prior notice at any time, at the option of the company or me.

I have read, understand and agree to the above.

Signature

Date