



VOLUNTEER APPLICATION

Thank you for your interest in becoming a hospice Volunteer. The following information will provide us with an understanding of your interests and abilities, and help us provide you with the most suitable opportunities. Some of the questions may be personal and private; however, this information has proven most helpful in assigning roles and positions. Equal Employment Employer: Volunteer opportunities are available to all qualified applicants without regard to race, color, religion, gender, national origin, age, or disability. Hospice shall reserve the right to deny appointment of prospective volunteers as a result of this application, interview, references, and/or training process.

Please Print or Type

Name: _____
Last First MI

Date of Birth: _____ (to be used for Birthday cards)
Month Date

Address: _____
Street City State Zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____

May we contact you at work: Yes No

Email: _____

Emergency Contact: _____

Phone: _____

Do you have any relatives employed/volunteer with St. Anthony's Hospice?

Yes No

If yes, please provide names and relationship: _____

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

Do you have reliable transportation? Yes No

Have you ever been charged or convicted of a crime? Yes No

Education and Employment

Are you currently enrolled in school? Yes No / Full time Part time

Educational Experience: high school grad

college grad* post-graduate work*

*specify field of study/degree _____

Additional training, certifications, license _____

Are you currently employed? Yes (full or part time? _____) No Retired

Employer: _____

Position/Hours: _____

Briefly describe the type of work you do: _____

Please check any special skills, interests or hobbies that apply to you:

foreign language computer light housekeeping pet care arts/crafts

cooking "fix-it" capabilities singing gardening/yard

event planning errands hairstyling other _____

Personal Information

Do you have other volunteer experience(s)?: Yes No

If yes, please provide additional information.

Agency: _____

Dates: _____

Volunteer Duties: _____

Agency: _____

Dates: _____

Volunteer

Duties: _____

Why do you wish to be a hospice volunteer?

Do you have any experience with terminally ill and/or bereaved persons? Yes No

If yes, briefly explain: _____

How did you hear about volunteering with St. Anthony's Hospice?

Areas of Interest (Please check all that apply)

Patient Care/Caregiver Respite*

Bereavement Team

Administrative

Special Projects/Events

Office support, filing, answer phones, copying, mailings

health fairs, baking, gardening, prayer shawls, special events.

Nursing Home Team

Lucy Smith King Care Center Team

Time Commitment

How many hours per month would you like to volunteer? _____

Hours and days that you could be available for volunteering:

References

Please list two personal references:

I authorize Hospice to contact the persons listed below to obtain personal reference checks

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____ Years Known: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____ Years Known: _____

I certify that the facts contained in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained herein and the references listed above, and release all parties from liability for any damage that may result from furnishing same to you. I understand as a condition of my volunteer service, I will be required to undergo screening, criminal background check, and other pre-service requirements.

Signature of Applicant: _____ **Date:** _____

Please return completed application to:
Volunteer Coordinator St. Anthony's Hospice
2410 S. Green St. Henderson, KY 42420
270-826-2326