



Volunteer Application

Date of Application: _____

Personal Data

Name:		Birth Date:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:		City:	State:		Zip:
Home Phone:	Cell Phone:		Work Phone:		May we call you at work? Y N
Email Address:					
Emergency Contact:		Relationship:		Phone number:	

Education

Name of High School:	City & State:	Graduate? Y N
Name of College:	City & State:	Graduate? Y N

Employment

Name of Employer:	From (Mo/Yr)	To (Mo/Yr)	Position/Description of Role:

Volunteer Experience

Organization:	From (Mo/Yr)	To (Mo/Yr)	Position/Description of Role:

Criminal Records Checks

Due to the serious nature of the work done by HCC and the responsibility placed upon volunteers, it is our practice to conduct criminal history background checks before accepting an individual into the volunteer program.

Have you ever been convicted of a misdemeanor or felony within the last 7 years? YES NO

If yes, please specify dates and explain: _____

Have you had a death in your immediate family within the last year? If so, please tell us about this experience.

How did you hear about Hospice and its services?

References

Please provide the name, complete address and phone number of two professional or personal references who are not related to you.

Name: _____ Relationship & Phone: _____

Address: _____

Email: _____

Name: _____ Relationship & Phone: _____

Address: _____

Email: _____

Consent and Release

I certify that answers given herein are true and complete to the best of my knowledge.

I also understand that false or misleading information given in my application may result in dismissal as a volunteer.

I understand that I am required to abide by all rules and regulations of Hospice Cleveland County.

Volunteer Signature _____ Date _____

Parent/Guardian Signature (if under 18) _____ Date _____

Thank you for completing this application and for your interest in volunteering with us.

All information above is considered confidential.

Hospice Cleveland County
951 Wendover Heights Drive • Shelby, NC 28150 • www.hospicecares.cc
704-487-4677

Date: _____

Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ May we call you at work? Y N

Areas of Service

Please identify the areas of service that interest you (check all that apply).

Patient/Family Heart-to-Heart Administrative The Hospice Store

Skills and Abilities

Please identify all skills and abilities that apply. Also note any special skills and knowledge that might be pertinent for the volunteer position desired.

Administrative Skills (check all that apply):

Word Excel Outlook Fax Machine/Copier
 Web Design Video-audio Answer Phones Accounting/Billing
 Database Management Other: _____

Other Skills or Interest

Reading to Patients Light Housekeeping Organizing Emotional Support
 Friendly Visits Greet Visitors Short-term Respite Pick Up/Deliver Furniture
 Stock Supplies Sewing/Memory Bears Courier Patient Activities (music, arts, crafts)
 Baking/Cooking Beauticians Fundraising/Events Stuff/Address envelopes & cards
 Special Projects Water Plants Assemble Packets Camp Mostly Smiles
 Errands Decorating Writing Letters/Notes Certified Pet Visits

Other additional Skills and Talents (i.e., multi-lingual, theatrical skills, photography, artistic ability, hobbies/crafts, etc...):

Availability (Check one or more)

Daytime

Evening

Weekend