

VOLUNTEER APPLICATION

PERSONAL INFORMATION

Date _____

Name _____

Phone #: (____) _____

Home Address: _____
Street City State ZipBusiness Address: _____
Street City State Zip

Business Phone #: (____) _____ Social Security #: _____

SKILLS AND TALENTS

I have the following areas of experience or expertise to share as a hospice volunteer:

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Typing | <input type="checkbox"/> Word Processing | <input type="checkbox"/> Art Work |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Answering Phones | <input type="checkbox"/> Filing |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Calligraphy | <input type="checkbox"/> Baking |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Home Repair | <input type="checkbox"/> Education |
| <input type="checkbox"/> Lawn Care | <input type="checkbox"/> Auto Repair | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Hair Care | <input type="checkbox"/> Dental Care | <input type="checkbox"/> Pet Care |
| <input type="checkbox"/> Computer Hardware/Networks | <input type="checkbox"/> Computer Software/Training | |
| <input type="checkbox"/> Business Operations: _____ | | |
| <input type="checkbox"/> Foreign Language: _____ | | |
| <input type="checkbox"/> Entertainment: _____ | | |
| <input type="checkbox"/> Counseling: _____ | | |
| <input type="checkbox"/> Healthcare: _____ | | |

 I would like to volunteer and work directly with patients and/or family I would like to volunteer in an administrative role such as special projects, office work, etc.

Signature: _____ Date: _____

Reference Request

Date: _____ Check method of gathering reference data: Verb Mail

Name of person giving reference: _____ Facility: _____

The individual named below is applying for a position as _____ and has given you as a reference. As we place great importance on the thorough screening of all our applicants, we would appreciate a prompt and thoughtful response.

Thank you in advance _____
(Name of Company Representative)

Applicant Release

Applicant _____
Last First MI Maiden

Position Held _____

Social Security # _____ Dates Employed: From _____ To _____

I hereby release from all liability the company or person completing this form, and authorize them to release all information regarding my employment with them. I understand that this information may be released to clients of the requesting company and other requesting third parties on a need to know basis. I also release the requesting company from all liability for any damages from the disclosure of this information.

Applicant Signature Date

1) Please confirm the applicant's employment. From _____ To _____
Date Date

2) Please comment on the applicant's attributes using the following scale:
4 = Excellent 3 = Good 2 = Fair 1 = Poor N/A = Not applicable

Quality of Work _____

Knowledge & Skills _____

Reliability & Attendance _____

Cooperation _____

Competence _____

Supervisory ability & capacity _____

Grooming _____

3) Please indicate specialty areas in which the applicant has had experience: _____

4) Please indicate any special considerations necessary when giving assignments to this individual: _____

5) Is applicant eligible for rehire? Yes No If no, why not? _____

Please attach any additional comments.

Signature Position/Title Date