

# Volunteer Application

## PERSONAL INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_ Phone#: (\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_  
Street City State

Zip \_\_\_\_\_

Business 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: \_\_\_\_\_

☐ Foreign

Language: \_\_\_\_\_

☐ Entertainment: \_\_\_\_\_

☐ Counseling: \_\_\_\_\_

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☐ 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: \_\_\_\_\_

# Volunteer Application

Pre-Employment Interview:

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