



Compassionate & Dignified End-of-Life Care

VOLUNTEER APPLICATION

PERSONAL INFORMATION

Last Name: _____ First Name: _____ MI: _____

Mailing Address: _____

Home Phone: _____

City: _____, VA Zip: _____

Work Phone: _____

Street Address (if different): _____

Cell Phone: _____

City: _____, VA Zip: _____

The best way to contact me is at:

Email: _____

Home Work Cell Email

Nickname: _____

Date of Birth: _____ Sex: _____

I am available (check all that apply):

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Mornings							
Afternoons							
Evenings							

Emergency contact: _____

I am am not a US citizen.

Relationship: _____ Phone: _____

I have been a VA resident for ___ years

Occupation: _____

I am retired from _____

Employer: _____

Education: (check highest level completed)

Address: _____

High School Associates Degree

City: _____, VA Zip: _____

College Degree Post Graduate

YOUR INTERESTS

Check all that apply to you:

- Patient/Family Care
- Grief Support
- Sewing/Baking
- Massage Therapy
- Pet Therapy
- Fundraising
- Administrative/Office Support
- Professional (Attorney, Barber/Beautician, Interpreter, Notary, etc.)
- Art Therapy
- Musician
- Communications/Marketing/Public Relations
- Special Events
- Other _____

YOUR EXPERIENCE AND QUALIFICATIONS

I am fluent in the following languages: _____

Why are you interested in volunteering with *Hospice of the Rapidan*?

Please describe any life or work experiences or training which may help you as a hospice volunteer.

Briefly describe any personal experiences with death and dying or caring for a terminally ill person (including when the person(s) died and your relationship to them).

Please tell us about your hobbies, interests or skills. Many people do not realize the wide range of activities that may help them as a hospice volunteer.

How did you hear about *Hospice of the Rapidan*?

- | | |
|--|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> <i>Hospice of the Rapidan</i> cared for someone you knew |
| <input type="checkbox"/> Website | <input type="checkbox"/> Brochure (Where did you pick one up _____) |
| <input type="checkbox"/> <i>Companion</i> (our newsletter) | <input type="checkbox"/> Presentation (Where _____) |
| <input type="checkbox"/> Fundraising solicitation | <input type="checkbox"/> <i>Hospice of the Rapidan</i> event (Which one _____) |
| <input type="checkbox"/> Another volunteer | <input type="checkbox"/> Other (Please describe _____) |

Have you ever volunteered for us in the past or applied to be a volunteer? Yes No

What else would you like us to know about you?

REFERENCES

Name: _____ Phone: _____

Address: _____

Personal Professional

Email: _____

Name: _____ Phone: _____

Address: _____

Personal Professional

Email: _____

Name: _____ Phone: _____

Address: _____

Personal Professional

Email: _____

Have you ever been convicted of a crime? No Yes If yes, please describe circumstances, date, and jurisdiction

Do you possess a valid Virginia driver's license? Yes No

In the past 3 years have you been convicted of more than 3 moving violations No Yes or had an accident in which you were found to be at fault No Yes

In the past 7 years have you been convicted of any major driving offense (DWI, reckless driving, etc.) No Yes

CERTIFICATION AND SIGNATURE

The information in this application is true and complete to the best of my knowledge and I understand that I may be dismissed as a volunteer or this application may be denied if I have lied. By submitting this application I authorize inquiries to be made concerning my employment and character for the purpose of determining my suitability as a volunteer and authorize my references to answer your questions.

Signature: _____

Date: _____

Received by:

Volunteer Coordinator: _____

Date: _____