



VOLUNTEER APPLICATION FORM

Name: _____ Date: _____

Address: _____
Street City State Zip

Preferred phone number: _____ Alt. phone: _____

Email: _____

Availability (please mark): Daytimes Evenings Mon Tue Wed Thurs Fri Sat Sun Flexible

Preferred Volunteer Services where you wish to contribute your time (please mark all that apply):

- Direct Patient Service - Bereavement -Administrative -Fund Raising -Pet Therapy
-Community Education -Camp Jamie -Social Events -Music Comfort -Massage Therapy

Other languages in which fluent (include ASL): _____

Most recent employment:

_____/_____
Company Name Dates

Job Title/Main duties

Most recent volunteer work:

_____/_____
Organization Name Dates

Job Title/Main duties

Vehicle Information: _____/_____/_____/_____
Make Model Year Tag #

*I understand that it is preferred that I offer my Volunteer services to Frederick Health Hospice for at least six months if possible. My signature below also signifies that I have received and fully understand all pertinent Job/Position Descriptions (distributed during the interview process) and that all information on this application is true to the best of my knowledge. I also realize that I need 2 written references and to complete an Interview Form prior to scheduling an interview (forms included; at least 1 professional reference preferred - no family members, please)

Signature Date

*HOFC reserves the right to DECLINE any applicant at the discretion of the staff. Thank you!



VOLUNTEER INTERVIEW DOCUMENTATION

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(Feel free to write on the back of this form if more space is needed)

DIRECT SERVICE: DO YOU HAVE ANY ALLERGIES OR RESTRICTIONS OF WHICH WE SHOULD BE AWARE?

YES ___ NO ___ IF SO, PLEASE EXPLAIN: _____
(IE. ANIMALS, SMOKING, ENVIRONMENTAL, UNABLE TO DRIVE, HEALTH CONDITIONS, RELIGIOUS, ETC)

DIRECT SERVICE: DO YOU HAVE ANY PREFERENCES/DISCOMFORTS REGARDING THE TYPE OF PATIENT YOU ARE ASSIGNED?

YES ___ NO ___ IF SO, PLEASE EXPLAIN: _____
(IE: AGES OF PATIENTS, GEOGRAPHIC LOCATIONS, SPECIFIC DISEASES, CONDITION OF HOME, ETC)

ADMIN: PLEASE RATE YOUR SKILL LEVEL, IF ANY, WITH EACH OF THE FOLLOWING? (5=EXCELLENT, 0=NONE)

DATA ENTRY ___ MSWORD ___ EXCEL ___ POWERPOINT ___ MSPUBLISHER ___ TYPING ___

ADMIN: ARE YOU WILLING TO HELP OUT WITH TASKS THAT CAN BE REPETITIVE AND/OR MUNDANE SUCH AS FOLDING LETTERS, STUFFING ENVELOPES, LABELING ENVELOPES, CUTTING OUT SHAPES, MAKING XEROX COPIES, MAKING FOLDERS/FILES, AND SO FORTH?

YES ___ NO ___ RESTRICTIONS: _____

COMMUNITY: ARE YOU COMFORTABLE TALKING WITH PEOPLE ABOUT HOSPICE AND ITS PHILOSOPHY AND PROGRAMS IN GROUP SETTINGS, SUCH AS A SPEAKING ENGAGEMENT, ETC? (WE WILL PROVIDE EDUCATION)

YES ___ NO ___ RESTRICTIONS: _____

COMMUNITY: ARE YOU COMFORTABLE WITH HELPING TO RAISE FUNDS FOR HOSPICE? MIGHT INVOLVE TELEPHONE CALLS, VISITS TO LOCAL BUSINESSES, ETC (NO COLD CALLS OR 'SALES'!)

YES ___ NO ___ RESTRICTIONS: _____

COMMUNITY: PLEASE CIRCLE THE KIND OF COMMUNITY SERVICE WORK YOU MIGHT LIKE TO DO FOR HOSPICE:

-FUNDRAISING -HOSTING EVENTS -PHONE CALLS -SPEAKING ENGAGEMENTS

PLEASE LIST ANY CONCERNS OR QUESTIONS YOU MIGHT HAVE:

INTERVIEWER'S COMMENTS: _____

INTERVIEWER'S NAME, SIGNATURE, DATE:
