

Availability: When are you available to volunteer? <i>(please check all that apply)</i>							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							
How Frequently can you volunteer?							
<input type="checkbox"/> More than once a week		<input type="checkbox"/> Once a week		<input type="checkbox"/> Twice a month		<input type="checkbox"/> Once a month	

Reason for Volunteering

Why would you like to volunteer for Hospice Huntsville? _____

How did you learn about volunteering at Hospice Huntsville? _____

Background Information

Have you had experience with the terminally ill? ____ Yes ____ No

Have you suffered any bereavement within the last year? ____ Yes ____ No

Do you have any physical or medical restrictions/conditions, including allergies, that may affect your function as a volunteer? ____ Yes ____ No

Do you have any criminal convictions that have not been pardoned? ____ Yes ____ No

Work Experience and Education

Are you currently involved in or have you had any previous experience of voluntary work?

Yes ____ No ____ If yes, please give details.

Are you currently employed? ____ Yes ____ No

If yes, where are you currently employed and in what capacity?

Please describe your education, skills and abilities that may be beneficial to our organization.

Language and Culture

Do you speak, write, or read in any languages other than English? _____ Yes _____ No

Speak: _____ Write _____ Read _____

Speak: _____ Write _____ Read _____

What cultures are you familiar with? _____

Driving

Do you have a valid driver's license? _____ Yes _____ No

Do you have access to a vehicle? _____ Yes _____ No

Do you have up-to-date insurance? _____ Yes _____ No

Hobbies and Leisure

What hobbies and interests do you have? _____

References

Please provide two references whom we have permission to contact. These should not be relatives and preferably have known you for at least two years (example: co-worker, volunteer associate).

1. Name: _____ Phone: _____
Nature of Relationship: _____

2. Name: _____ Phone: _____
Nature of Relationship: _____

I _____ give my permission to a representative of Hospice Huntsville to contact these individuals by telephone.

I certify that all the statements made on this form are complete, true, and correct. I understand that any false information on this application will be cause for termination as a Hospice Huntsville volunteer.

Signature: _____ Date: _____

Personal information on this volunteer application form is collected and will only be used to maintain a record of an individual as it pertains to volunteer activities within Hospice Huntsville unless disclosure of such information is compelled by law.

Thank you for your interest in volunteering with Hospice Huntsville!

For Office Use Only Date Application Received: _____

Interview Completed References Completed

PRC/Vulnerable Sector Check Letter Sent to applicant: PRC/Vulnerable Sector Received

Fundamentals Course Certificate Received for file (VV) HH Training for VV Completed

Orientation Date(s) Set: _____