

## VOLUNTEER APPLICATION

### PERSONAL INFORMATION

DATE \_\_\_\_\_

NAME (LAST, FIRST)		DATE OF BIRTH	SOCIAL SECURITY NO	
ADDRESS		CITY	STATE	ZIP CODE
PHONE NO. ( )	PHONE NO. ( )	REFERRED BY		
IN CASE OF EMERGENCY PLEASE NOTIFY		RELATIONSHIP AND PHONE NUMBER		
EMAIL ADDRESS				

### AVAILABILITY

ARE YOU AVAILABLE TO VOLUNTEER:					
DAYS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	HOLIDAYS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
EVENINGS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	NIGHTS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WEEKENDS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO			

### EDUCATION HISTORY

	NAME AND LOCATION	MAJOR SUBJECTS	DID YOU GRADUATE?	DEGREE
High School				
College				
Other (Specify)				

ARE YOU EMPLOYED? YES / NO If yes please fill out information below

CURRENT EMPLOYER	SUPERVISOR NAME AND PHONE #	OCCUPATION	FULL/PART TIME	DUTIES

### VOLUNTEER EXPERIENCE

ORGANIZATION NAME	DATES	DUTIES

I WOULD LIKE TO VOLUNTEER AT THE HOSPICE RESIDENCE AND OR WITH PATIENTS IN THEIR HOMES

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| <input type="checkbox"/> Reception Area                | <input type="checkbox"/> Coordinate Skype Visits               |
| <input type="checkbox"/> Plant Upkeep and Care         | <input type="checkbox"/> Facilitate Activities                 |
| <input type="checkbox"/> Garden Maintenance            | <input type="checkbox"/> Share Hobbies with Patients           |
| <input type="checkbox"/> Visit with Patients           | <input type="checkbox"/> Share Musical Talents with Patients   |
| <input type="checkbox"/> Reading to Patients           | <input type="checkbox"/> Serve/Cleanup Breakfasts for Patients |
| <input type="checkbox"/> Baking                        | <input type="checkbox"/> Serve/Cleanup Lunches for Patients    |
| <input type="checkbox"/> Crafts                        | <input type="checkbox"/> Serve/Cleanup Dinners for Patients    |
| <input type="checkbox"/> Special Occasion Celebrations | <input type="checkbox"/> Weekend Child Activities              |

I WOULD LIKE TO VOLUNTEER FOR EVENTS

Please call/email me to volunteer at:

- Strawberry Festival (June)
- Duck Race (July)
- Golf (July)
- Brown's Berry Patch 5K Race/Walk (October)
- Bouquet Sale (March)
- Information booths throughout the year

I WOULD LIKE TO VOLUNTEER FOR OTHER TASKS

- Baking for Events
- Picking Up/Delivering Equipment
- Delivering Brochures/Newsletters
- Office work (answering phones, filing etc.)
- Data Entry
- Sanitizing equipment
- Other: \_\_\_\_\_

REFERENCES (Please provide 3 and a complete address or email )

NAME	TITLE/RELATIONSHIP	COMPANY NAME AND ADDRESS OR EMAIL	TELEPHONE

Please describe your general health in the last year:

\_\_\_ Good \_\_\_ Fair \_\_\_ Poor

Please specify any physical restrictions that may affect your volunteer placement with Hospice of Orleans, Inc:

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Have you experienced any deaths in your family of those close to you?

\_\_\_ Yes \_\_\_ No

Please specify your relationship and when they died: \_\_\_\_\_

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How did you learn of Hospice of Orleans? \_\_\_\_\_

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Why do you want to be a Hospice volunteer? \_\_\_\_\_

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Do you possess a current NY driver's license?  YES  NO

EXCLUDING TRAFFIC INFRACTIONS, have you ever been charged and/or convicted of any violation of the law in any jurisdiction?  YES  NO

If yes, please provide the following details:

Date of offense: \_\_\_\_\_

Charges: \_\_\_\_\_

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Class of offense:  FELONY  MISDEMEANOR  VIOLATION

Disposition of charge(s): \_\_\_\_\_

Jurisdiction of offense: \_\_\_\_\_

APPLICANT CERTIFICATION:

I certify that the answers given on this volunteer application are true and complete to the best of my knowledge. I understand that misrepresentation of any material fact may be cause for rejection of my application and/or termination of my volunteer status.

I also understand that, if hired as a Hospice volunteer, I am required to abide by all policies, procedures, rules, and regulations of the agency.

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Applicant Signature

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Date

Please return completed application to:

Hospice of Orleans, Inc.  
Attn: Christine Fancher, Volunteer Coordinator  
PO Box 489  
Albion, NY 14411