

Volunteer Application

contact information

Date: _____

Name _____ Birthdate _____

Address _____

City/State/Zip _____

Home phone _____ Cell phone _____

Work phone _____ *OK to call at work?* Y N

E-mail address _____

In case of emergency, please notify:

Name _____

Phone _____ Relationship _____

employment history

Current Employer

Name _____

Job title _____ Hire date _____

Former Employer

Name _____

Job title _____ Employment dates _____

volunteer history

Agency or facility name _____

Title _____ Dates _____

Agency or facility name _____

Title _____ Dates _____

Agency or facility name _____

Title _____ Dates _____

volunteer interests & availability

Why do you want to become a volunteer with our Agency? _____

In the last year, has an important person in your life died? Yes _____ No _____
If yes, who? _____

Please indicate which branch you prefer to volunteer:
_____ Asheboro _____ High Point _____ No preference

Please indicate the area of volunteering which interests you most:
_____ Patient/Family Involvement _____ Bereavement _____ Nursing Home
_____ Transportation/Errand _____ Special Events/Fundraising _____ Office
_____ Hospice Home at High Point _____ Community Events/Marketing _____ Vigil
_____ Randolph Hospice House

Please indicate the times of the day/week that you expect to be most available to volunteer:
_____ Weekdays/daytime hours _____ Weekdays/evening hours _____ Weekends

How did you hear about our volunteer opportunities? _____

Are you interested in volunteering your professional services? Yes _____ No _____
If yes, which field? _____

Have you ever applied for a job with or been employed by this organization? Yes _____ No _____

references

In order to assist us in arriving at a decision about your volunteer placement, Hospice of the Piedmont, Inc. requires three references. Please give complete addresses, including city, state and zip code. All references received will be held in confidence and are not accessible to the volunteer.

Name _____

Address _____

Relationship _____ Phone _____

Name _____

Address _____

Relationship _____ Phone _____

Name _____

Address _____

Relationship _____ Phone _____

background check

Have you ever been convicted of a criminal offense, (felony or misdemeanor), and/or do you have any criminal charges pending? (Circle one) Yes No

This question must be answered in order to be considered for acceptance as a volunteer, but a yes answer does not automatically disqualify a volunteer applicant from service to the agency. Any information related to this issue will be addressed on a case-by-case basis, and will remain confidential.

Please briefly explain. _____

signature & agreement

Hospice of the Piedmont, Inc. accepts volunteers without discrimination on the ground of sex, race, color, national origin or creed. No otherwise qualified individual shall solely by reason of his/her handicap, be excluded from participation as a volunteer.

Agreement: I certify that answers given herein are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal employment, medical history, police record, and other related matters as may be necessary in arriving at a decision about volunteer placement. I hereby release employers, schools and other persons from all liability in responding to inquiries in connection with my application.

Applicant signature _____ Date _____

 1801 Westchester Drive High Point, NC 27262 Phone: 336.889.8446 www.hospiceofthepiedmont.org	 416 Vision Drive Asheboro, NC 27203 Phone: 336.672.9300 www.hospiceofrandolph.org
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Office use only

Date received: _____ Received by: _____

Other actions taken: _____

