

# HOSPICE VOLUNTEER APPLICATION

1 Healthcare Place, Bowling Green, MO 63334 - www.PikeCountyHospice.com - Phone: 573-324-2111 - Fax: 573-324-5517

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Phone#: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell#: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Education: *(Last grade completed or degree obtained)* \_\_\_\_\_

Present Employer: \_\_\_\_\_ Phone#: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Position/Title: \_\_\_\_\_

Employer Address: \_\_\_\_\_

\_\_\_ Full-Time \_\_\_ Part-Time Hours/Week Days/Week: \_\_\_\_\_

### Other Volunteer Experience

Agency: \_\_\_\_\_

Duties: \_\_\_\_\_

Community/Civic/Professional Activities: \_\_\_\_\_

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

### Special Skills/Hobbies/Interests:

\_\_\_ Hairdressing \_\_\_ Nursing \_\_\_ Music \_\_\_ Arts & Crafts \_\_\_ Massage/Masseuse \_\_\_ Public Speaking  
\_\_\_ Counseling \_\_\_ Teaching \_\_\_ Cooking \_\_\_ Typing Other: \_\_\_\_\_

### How did you learn about our program?:

\_\_\_ Radio \_\_\_ TV \_\_\_ Newspaper \_\_\_ Friend \_\_\_ Church \_\_\_ Family \_\_\_ Hospice Employee \_\_\_ Facebook  
Other: \_\_\_\_\_

When are you available to work? *(Please specify days and times):* \_\_\_\_\_

### Please indicate your areas of interest:

\_\_\_ Patient/Family Support \_\_\_ Hospitality \_\_\_ Transportation \_\_\_ Crafts \_\_\_ Fund Raising \_\_\_ Office/Clerical  
\_\_\_ Public Relations \_\_\_ Home Visits \_\_\_ Special Projects \_\_\_ Bereavement \_\_\_ Recruiting Others

Other: \_\_\_\_\_

Do you know a foreign language? *(Please Specify):* \_\_\_\_\_

Do you have reliable transportation?: \_\_\_ YES \_\_\_ NO Drivers License #: \_\_\_\_\_

In case of Emergency, please notify:

Name: \_\_\_\_\_ Phone#: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Relation to you: \_\_\_\_\_

**OVER >>>>**





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Please list three (3) personal references (minister, teacher, and employer-excluding family members):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone#: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone#: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone#: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Have you ever been on the Employee Disqualification List?  YES  NO

Have you ever been convicted of a felony by any enforcement authorities for any violation of any law, regulation, or ordinance within the last seven years? Include any court martial while in the military. Do not include misdemeanor traffic violations for which the only penalty imposed was a monetary fine.  YES  NO

If YES, please explain below: (Convictions will not necessarily disqualify an applicant from employment.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am applying to be a volunteer with Pike County Health Department, Home Health & Hospice. If accepted I understand I will be provided with orientation and training appropriate to the tasks assigned to me.

I hereby give permission to contact the above named references.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Volunteer Coordinator: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I give my permission for my child *(a minor under the age of 18)* to volunteer services to the Pike County Health Department, Home Health & Hospice.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_