



Attn: Volunteer Coordinator

Volunteer Service Application

Personal Information

Name			
Address			
	City	State	Zip
Phone	Home: ()	Cell: ()	
DOB		Age	Email

Do you have a valid Pennsylvania License (Y / N)

Do you have access to reliable transportation (Y / N)

Work Experience/Educational Record

Present Employer		Position
Other Experience		
Highest Level of Education		
Physical Limitations		
Past/Present Volunteer Work		

Special skills and hobbies

Have you ever worked in a hospice before? (Y / N)

Why do you want to volunteer at 365 Hospice?

Categories of Volunteer Services (check those areas which you may be interested in)

- Visiting patients Bereavement calls Activities
 Office, clerical, and staff related Support phone calls Internship

Availability

Date Available to Start: _____

	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Emergency Contact:

Name _____ Phone () _____ - _____

Have you ever been convicted of a felony (you may omit any information or answer no with regard to any conviction for which there is a sealed record on file with the commissioner of probation)? Yes _____ No _____

The Company will not deny employment to any applicant solely because the applicant has been convicted of a crime. The Company will consider the nature, date and circumstances of the offense as well as whether it is job related.

****Please be advised that all volunteers who are accepted into the Hospice Volunteer Program will be subject to a background check and a 2 Step Tuberculosis Test.**

Reference #1:

Name _____ Relationship _____

Phone number _____ Reference contacted _____

Reference #2:

Name _____ Relationship _____

Phone number _____ Reference contacted _____

365 Hospice provides equal opportunities without regard to race, color, sex, religion, national origin, age, sexual orientation, disability, veteran status or any other protected status.