

Hospice of the Upstate VOLUNTEER APPLICATION

NAME _____ SPOUSE _____
(LAST) (FIRST) (PREFERRED)

ADDRESS _____
(STREET) (CITY) (ZIP)

PHONE # _____ BIRTHDAY _____
MONTH/DAY/YEAR

E-MAIL _____
 I WOULD LIKE TO BE CONTACTED VIA EMAIL RATHER THAN POST MAIL

EMPLOYER _____ WORK PHONE _____

IN EMERGENCY NOTIFY: _____
NAME RELATIONSHIP PHONE #

REASON FOR VOLUNTEERING: _____

HOW DID YOU FIND OUT ABOUT THIS VOLUNTEER OPPORTUNITY? HOSPICE PRESENTATION
 NEWSPAPER WORD OF MOUTH CHURCH HOSPICE EMPLOYEE OTHER _____

REFERENCES: (REQUIRED- PLEASE INCLUDE ALL INFORMATION)

NAME _____
 ADDRESS _____ PHONE _____
 CITY _____ STATE _____ ZIP CODE _____

NAME _____
 ADDRESS _____ PHONE _____
 CITY _____ STATE _____ ZIP CODE _____

I AM INTERESTED IN THE FOLLOWING:

DIRECT PATIENT CARE:

- PATIENT SITTING
- TRANSPORTATION
- HAIRSTYLING
- MASSAGE
- ERRANDS
- HANDYMAN
- LIGHT HOUSEKEEPING

INDIRECT PATIENT CARE:

- CLERICAL SUPPORT
- COOKING/BAKING
- FUNDRAISING
- SPECIAL PROJECTS
- NOTARY
- THRIFT STORE
- PHARMACY

- PUBLIC RELATIONS/
SPEAKERS BUREAU
- *FAITH IN ACTION-
CHURCH REPRESENTATIVE

**PLEASE FILL OUT INFORMATION BELOW*

FAITH IN ACTION ONLY

CHURCH AFFILIATION _____

CHURCH ADDRESS _____
(STREET) (CITY) (ZIP)

CHURCH E-MAIL ADDRESS _____

CHURCH PHONE NUMBER _____

PASTOR'S NAME _____
(LAST) (FIRST)

MATCHING INFORMATION

GENERAL INTERESTS, SKILLS, VOLUNTEER EXPERIENCE, LANGUAGES, AND HOBBIES: _____

DO YOU SMOKE OR MIND SMOKING IN THE HOME? _____

ARE YOU ALLERGIC TO PETS? _____

I CAN VOLUNTEER: _____ ONCE A WEEK _____ MORE THAN ONCE A WEEK _____ AS NEEDED
_____ OTHER

LIST ANY SPECIAL CONSIDERATIONS FOR YOUR PLACEMENT (DISTANCE FROM HOME,
PREFERENCE FOR AGE OR GENDER OF CARE RECEIVER) _____

SCREENING INFORMATION

DO YOU HAVE A VALID DRIVER'S LICENSE? _____ YES _____ NO

LICENSE NUMBER _____

HAVE YOU EVER BEEN CONVICTED FOR VIOLATION OF ANY LAWS, TRAFFIC OR OTHERWISE?

_____ YES _____ NO

IF YES, PLEASE EXPLAIN: _____

DO YOU HAVE ANY PHYSICAL CONDITIONS THAT LIMIT YOUR VOLUNTEER ACTIVITIES?

_____ YES _____ NO

Hospice of the Upstate has my permission to obtain a copy of my driving record and/or medical history if needed based on the condition of volunteer duties. I give my permission for Hospice of the Upstate to conduct a criminal record check. All of the information on this application is true to the best of my knowledge.

SIGNATURE

DATE