

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