

Genesis Hospice
Volunteer Application

Date: _____

Name: (Ms./Mr./Mrs.) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (home) _____ (cell) _____

(work) _____ May we call you at work? _____

Email: _____

Place of employment: _____ Phone: _____

Emergency Notification:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

How/where did you hear about our programs:

Why are you interested in volunteering for our programs:

Areas of interest:

____ Direct patient ____ Office ____ Hospice House ____ Prayer Shawls ____ Other
____ Where the need is greatest.

Note any areas of interest not represented: _____

Time available for volunteer work and/or orientation training:

Days of week:

Times of day:

Name of three people excluding family we may contact for a personal reference. Please include the address.

Name	Relationship	Address	Phone
1. _____			
		Zip _____	
2. _____			
		Zip _____	
3. _____			
		Zip _____	

Have you ever been convicted of a felony or a misdemeanor? _____ Yes _____ No

Explain:

Prospective Volunteer Signature: _____ Date: _____

I am 18 years of age or older _____ Yes _____ No

Genesis Health System is an equal opportunity employer and does not discriminate in hiring or employment in accordance with the requirements of all applicable state and federal laws on the basis of race, color, religion, national origin, sex, ancestry, marital status, unfavorable military discharge, handicap or age. These same assurances apply to the volunteer process. No question on this application is intended to secure information to be used for such discrimination.

Date of Interview: _____

Comments:

Interviewer's Signature:
