



## Hospice Volunteer Application

### PERSONAL INFORMATION

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Initial

\_\_\_\_\_

Street Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

\_\_\_\_\_

E-mail address

Home Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

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

Are you 18 years of age or older? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_

Name Phone #

Relationship: \_\_\_\_\_

### EDUCATION

Grade Level completed \_\_\_\_\_ Graduation Date \_\_\_\_\_ Major \_\_\_\_\_

If presently a student, school attending: \_\_\_\_\_

Licensure/ Certificates/ Registry Held: \_\_\_\_\_

\_\_\_\_\_

**BACKGROUND INFORMATION**

Have you ever been convicted of a crime other than a minor traffic violation?  YES  NO  
If so, give dates and please explain.

\_\_\_\_\_

\_\_\_\_\_

Are there any felony charges pending against you?  YES  NO  
If yes, please explain

\_\_\_\_\_

**VOLUNTEER OPPORTUNITES**

Indicate areas of interest for volunteering:

Office Support      Fundraising      Community Awareness      Spiritual Support

Patient Care:      Home Care      Residential      Bereavement

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

**REFERENCES**

List 3 business/personal references (Not relatives)      Name, Address, Phone No. & Occupation

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**BACKGROUND CHECK**

I certify that all statements made on this application are true and that I have not knowingly withheld any fact or circumstances, which would, if disclosed, affect my application. I authorize investigation of all statements contained in this application. I further authorize a criminal background check to verify the existence of the conviction of any crimes or any pending felony charges against me. I release from all liability and responsibility all persons and corporations requesting or supplying such information and waive any right to notice of disclosure.

I hereby acknowledge that I have read and understand the preceding statements.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please return this signed document to: United Hospice Service - 2770 Main Street - P.O. Box 307 - Marlette, MI 48453  
Attention: Madelyn Huffman, Hospice Volunteer Coordinator