



HOSPICE of LENAWEE

We Carry Your Heart In Our Heart

1903 Wolf Creek Hwy ♦ Adrian, MI 49221

VOLUNTEER APPLICATION FORM

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, sex, religion, national origin, age or marital status. This application has been designed specifically for the Hospice Program and some of the questions may seem unduly personal or private. However, the information has proven to be most helpful in making our volunteer assignments.

Applicants are reminded that attendance to the hospice training program (24 hours) is required. Also, all volunteers must be fingerprinted and have a background check (Hospice of Lenawee bears the expense).

To protect your privacy, this form will be seen only by designated Hospice of Lenawee representatives. This information will be shared with appropriate staff related to your volunteerism.

PERSONAL

NAME: _____ DATE: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____ Home PHONE #: _____

EMAIL: _____ CELL PHONE #: _____

OCCUPATION: _____ BUSINESS PHONE #: _____

TYPICAL WORK SCHEDULE: _____

EMPLOYER: _____

EMERGENCY CONTACT: _____ Relationship: _____ PHONE: _____

EDUCATION

SCHOOLS ATTENDED	DEGREE	YEAR(S)
_____	_____	_____
_____	_____	_____
_____	_____	_____

BRIEF EMPLOYMENT HISTORY

COMPANY	DATE(S)	DESCRIPTION OF WORK
_____	_____	_____
_____	_____	_____
_____	_____	_____

VOLUNTEER EXPERIENCE

DATE(S)

DESCRIPTION OF WORK

HOSPICE: _____

OTHER: _____

PERSONAL REFERENCES (excluding family members)

PLEASE INCLUDE THE PERSON'S **FULL** ADDRESS- reference form will be mailed.

1. NAME: _____ PHONE: _____

ADDRESS: _____

2. NAME: _____ PHONE: _____

ADDRESS: _____

I hereby authorize Hospice of Lenawee to obtain information that may be necessary in connection with this application. I further agree to hold Hospice of Lenawee and the above named references harmless from any and all liability from the release of information obtained in the reference check. I understand that the information shared will be held in the strictest confidence by both parties.

LANGUAGES SPOKEN (CIRCLE)

English Spanish French German Japanese Italian Other: _____

AUTOMOBILE

Are you willing to provide transportation for patients? YES _____ NO _____

(If yes, a copy of your driver's license and current auto insurance is needed at a later time.)

YOUR STORY

In order to better acquaint us with your interests, please share your reasons for wanting to serve as a Hospice of Lenawee Volunteer:

Have you experienced any major changes/losses in life in the past two years? Examples would be serious illness, death of a friend or family member, divorce, separation, move or retirement? If so, share how you are coping.

Do you have any skills or talents that you are willing to share (ex. sewing, musical, etc.)?

BEST TIMES AVAILABLE FOR VOLUNTEER WORK (please circle)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
morning	morning	morning	morning	morning	morning	morning
afternoon	afternoon	afternoon	afternoon	afternoon	afternoon	afternoon
evening	evening	evening	evening	evening	evening	evening
night	night	night	night	night	night	night

AREAS OF VOLUNTEERING INTEREST (please circle)

Office/Administrative Fund Raising Patient Visits Grounds/Gardening
 Housekeeping Hospice Home Bereavement Community Events

Other: (Specify) _____

PHYSICAL STATEMENT

Please check the box for the statement which is appropriate to you. Certain limitations may require approval of your physician for your participation as a hospice volunteer.

- I am in good health and have no physical limitations.
- I have health-related problems or physical limitations as listed on the back of this page.

SIGNATURE: _____ DATE: _____

By signing I verify that the information provided is accurate to the best of my knowledge.

Please complete and return to the Director of Volunteers, Hospice of Lenawee, 1903 Wolf Creek Hwy, Adrian, Michigan 49221