

VOLUNTEER APPLICATION

PERSONAL INFORMATION

Date _____

Name _____

Phone #: _____

Home Address: _____
 Street City State Zip

Business Address: _____
 Street City State Zip

Business Phone #: (_____) _____ Social Security #: _____

SKILLS AND TALENTS

I have the following areas of experience or expertise to share as a hospice volunteer:

- Typing Word Processing Art Work
 - Data Entry Answering Phones Filing
 - Writing Calligraphy Baking
 - Photography Public Speaking Child Care
 - Carpentry Home Repair Education
 - Lawn Care Auto Repair Sewing
 - Hair Care Dental Care Pet Care
 - Computer Hardware/Networks Computer Software/Training
 - Business Operations: _____
 - Foreign Language: _____
 - Entertainment: _____
 - Counseling: _____
 - Healthcare: _____

- I would like to volunteer and work directly with patients and/or family
 - I would like to volunteer in an administrative role such as special projects, office work, etc.

Signature:

Date:

Reference Request

Date: _____ Check method of gathering reference data: Verb M il

Name of person giving reference: _____ Facility: _____

The individual named below is applying for a position as _____
and has given you as a reference. As we place great importance on the thorough screening of all our applicants, we would appreciate a prompt and thoughtful response.

Thank you in advance _____
(Name of Company Representative)

Applicant Release

Applicant _____
Last _____ First _____ MI _____ Maiden _____

Position Held _____

Social Security # _____ Dates Employed: From _____ To _____

I hereby release from all liability the company or person completing this form, and authorize them to release all information regarding my employment with them. I understand that this information may be released to clients of the requesting company and other requesting third parties on a need to know basis. I also release the requesting company from all liability for any damages from the disclosure of this information.

Applicant Signature

Date

1) Please confirm the applicant's employment. From _____ To _____ Date _____ Date _____

2) Please comment on the applicant's attributes using the following scale:
4 = Excellent 3 = Good 2 = Fair 1 = Poor N/A = Not applicable

Quality of Work _____

Knowledge & Skills _____

Reliability & Attendance _____

Cooperation _____

Competence _____

Supervisory ability & capacity _____

Grooming _____

3) Please indicate specialty areas in which the applicant has had experience: _____

4) Please indicate any special considerations necessary when giving assignments to this individual:

5) Is applicant eligible for rehire? Yes No If no, why not? _____

Please attach any additional comments.

Signature

Position/Title

Date