



Heart to Heart Hospice, Inc.

VOLUNTEER APPLICATION FORM

Please Print:

Full Name: _____ DOB _____

Address: _____ SSN _____

City/State/Zip: _____ Phone _____

Employer: _____ Business Phone: _____

Business Address: _____ Occupation: _____

Business City/State/Zip: _____ May we call you at work? Yes No

Interests, Hobbies, Experience:

<input type="checkbox"/> Talking on the telephone	<input type="checkbox"/> Small Home improvements	<input type="checkbox"/> Baking
<input type="checkbox"/> Gardening/yardwork	<input type="checkbox"/> Surfing internet	<input type="checkbox"/> Sewing
<input type="checkbox"/> Reading to Others	<input type="checkbox"/> E-mailing	<input type="checkbox"/> Quilting
<input type="checkbox"/> Visiting Others	<input type="checkbox"/> Babysitting	<input type="checkbox"/> Crocheting
<input type="checkbox"/> Other Interests _____		

Area(s) of Interest (check all that apply)

<input type="checkbox"/> Direct Patient Care requires Hepatitis B Vaccine does not apply to those under 18 years of age	<input type="checkbox"/> Indirect Patient Care
<input type="checkbox"/> Bereavement	<input type="checkbox"/> Special Events/Occasions (fund raising, holiday events, etc)

Do you have access to an automobile? Yes No

Do you have a current driver's license? Yes No

Have you ever been convicted of a serious driving offense? Yes No

If yes, please explain: _____

Do you have liability insurance on your vehicle? Yes No

How would you describe your health in the past year? Excellent Good Fair Poor

Do you have any physical restriction that might affect your volunteer placement? Yes No

If yes, please explain. _____

Would you be willing to take a TB skin test since it is required? Yes No



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Do you have any previous volunteer experience? Yes No

If yes, please explain. _____

Why do you want to be a hospice volunteer? _____

Please list two (2) references (non relatives)

Name: _____

Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

HEART TO HEART HOSPICE, INC., does not discriminate against volunteers or applications for volunteering because of race, creed, national origin, age, sex, or handicap.

I certify that the above information is correct.

Signature: _____

Date: _____

FOR OFFICE USE ONLY	
References Checked on (date) _____	Training completed on (date) _____
Interview (date) _____	Accepted/Not Accepted on (date) _____
Present for Interview _____	Inactive _____
Date _____	Reason _____
Signature _____	