

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:

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