

# Homeland Hospice Volunteer Application

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Name \_\_\_\_\_ Prefer to be called \_\_\_\_\_

Address \_\_\_\_\_

Phone (Day) \_\_\_\_\_ Phone (Evening) \_\_\_\_\_

Email \_\_\_\_\_ Cell phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

## EMPLOYMENT

Are you currently employed? \_\_\_\_\_ Where? \_\_\_\_\_

Position \_\_\_\_\_

## VOLUNTEER EXPERIENCE

Have you volunteered for Homeland Center? \_\_\_\_\_ Position \_\_\_\_\_

Have you ever volunteered for a hospice program? \_\_\_\_\_ When? \_\_\_\_\_

Position \_\_\_\_\_

Other Volunteer Experience \_\_\_\_\_

Are you available to attend training? \_\_\_\_\_ evening \_\_\_\_\_ afternoon \_\_\_\_\_ weekend \_\_\_\_\_

BEREAVEMENT HISTORY

| Relationship of Deceased | Date of Death | Cause of Death |
|--------------------------|---------------|----------------|
|                          |               |                |
|                          |               |                |
|                          |               |                |
|                          |               |                |
|                          |               |                |

Has someone you know received hospice care? \_\_\_\_\_

REFERENCES

Please provide the name and weekday contact information of three (3) people we may contact for references.

| Name | Phone | How Known | Years Known |
|------|-------|-----------|-------------|
|      |       |           |             |
|      |       |           |             |
|      |       |           |             |

Thank you for your interest in Homeland Hospice. Please phone 717-221-7890 if you have any questions

Signature \_\_\_\_\_ Date \_\_\_\_\_