

Hospice of the Chesapeake Volunteer application



Name _____ Date _____

Home Address _____
Street City State Zip

Home Phone _____ Business Phone _____ Cell Phone _____

Occupation _____ Email Address _____

Employer _____ Are you over the age of 18? _____

Name, telephone number and relationship of person to contact in case of emergency:

How did you hear about Hospice of the Chesapeake's volunteer opportunities?

- | | | |
|---|--|---|
| <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Personal Experience | <input type="checkbox"/> Community Event |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Bereavement Center | <input type="checkbox"/> Hospice Volunteer |
| <input type="checkbox"/> Hospice Presentation | <input type="checkbox"/> Hospice Employee | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Newspaper (name) | <input type="checkbox"/> Church | _____ |

HISTORY

Education—Schools Attended	Diplomas/Degrees	Course/Major
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employment	Description of Work	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Volunteer Experience	Description of Work	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Volunteer Training	Description/Hours	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

QUALIFICATIONS

Days and times available for volunteer work? _____

Why do you want to be a Hospice of the Chesapeake volunteer? _____

SPECIAL SKILLS

- | | | |
|---|---|--|
| <input type="checkbox"/> Clerical skills | <input type="checkbox"/> Music | <input type="checkbox"/> Visual Arts/Crafts |
| <input type="checkbox"/> Practical skills | <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Military Experience <i>*see below</i> |
| <input type="checkbox"/> Healing Arts Therapies | <input type="checkbox"/> Languages (list) | |

*Are you active duty military or a Veteran Y N

- If so, what is/was your branch of service? _____
- When did you serve? _____
- Did you engage in combat? _____ In what arena? _____
- Would you be open to making a veteran to veteran patient care volunteer visit? Y N

REFERENCES

Please supply complete information. We will request written references from the people listed below.

Name _____ Phone _____ Occupation _____

Address _____

Street

City

State

Zip

Email Address _____ Relationship _____

Name _____ Phone _____ Occupation _____

Address _____

Street

City

State

Zip

Email Address _____ Relationship _____

Name _____ Phone _____ Occupation _____

Address _____

Street

City

State

Zip

Email Address _____ Relationship _____

With my signature I give Hospice of the Chesapeake permission to conduct a background and Maryland District Court Search. I understand that my acceptance as a volunteer is predicated on this check and I release Hospice of the Chesapeake, Treasures, and all persons, courts, businesses and/or law enforcement agencies harmless from any and all liability.

COMMITMENT: I am willing to make a minimum one year commitment as an active volunteer with Hospice of the Chesapeake.

Signature of Applicant _____ Date _____