

Name \_\_\_\_\_ Birthday (Mo/Day) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Email Address \_\_\_\_\_

Full Time  Part Time Work No. ( )  Do Not Call Work No.

**Please list the names, addresses, and phone numbers of two persons we can contact as references:**

1. \_\_\_\_\_
2. \_\_\_\_\_

**Please state briefly why you are interested in becoming a Hospice volunteer.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Have you had any personal losses or experiences with death and dying? Please describe briefly indicating the year(s) of each experience.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I would be willing to perform the following volunteer service(s): (please check)**

- |   |  |
|---|--|
| <input type="checkbox"/> Patient Care   | <input type="checkbox"/> Bereavement Follow-up |
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Memorial Service      |
| <input type="checkbox"/> Fundraising    | <input type="checkbox"/> All                   |

**Preferred times available for volunteering: [please circle the day(s) available]**

Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

Times available (please check)     Daytime     Evening

*I understand that becoming a HOSPICE volunteer is contingent upon completion of the training program, personal follow-up interview and demonstration by me of the qualifications for volunteers as stated on the HOSPICE Volunteer Position Description.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Please return to: Sprenger Hospice, Inc.  
2610 East Aurora Road  
Twinsburg, OH 44087  
Telephone: (330) 486-6092**