



For Office Use Only:	
Start Date:	_____
Auto Ins. Exp:	_____
Health Screen:	_____
Flu Vaccine:	_____
TB Screening:	_____

VOLUNTEER APPLICATION

Name: _____ Preferred Name: _____

Date: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Preferred Phone: _____ Home Work Cell

Alternate Phone: _____ Home Work Cell

Occupation: _____

Religious Affiliation: _____

Foreign Language: _____

Do you know Sign Language? Yes No

Do you have a car? Yes No

Do you have a valid driver's license and auto insurance? Yes No

Have you been convicted of a felony? Yes No

Date: _____ Location: _____ Disposition: _____

Do you have health problems or restrictions? Yes No

If yes, please describe: _____

EDUCATION & TRAINING

	Name and Location	Diploma/Degree	Major
High School			
College			
Graduate School			
Other			



VOLUNTEER APPLICATION

Previous Life/Work Experience: _____

Previous Volunteer Experience: _____

Please list any special skills, licenses, or certifications that you have: _____

I certify that the information given by me in this application, related volunteer papers and oral interview(s) is correct. I understand the Longleaf Hospice will conduct a thorough investigation of my volunteer work and personal history. I authorize the giving and receiving of any such information requested. I understand that the falsification of any information so given or other derogatory information discovered as a result of this investigation will subject me to immediate termination as a volunteer for Longleaf Hospice.

I understand that this volunteer opportunity, if selected, is contingent upon my being physically, mentally, and medically able, with or without reasonable accommodations, to successfully perform the essential functions of the position. I agree to wear or use all protective clothing or devices required by the facility and to comply with all safety policies and procedures. I agree to wear my Longleaf Hospice picture badge ID at any patient assignment, facility or Longleaf Hospice event.

Applicant's Signature: _____ **Date:** _____

Accepted as Volunteer? Yes No

If no, please state the specific reason or reasons: _____

Volunteer Coordinator's Response: _____

Volunteer Coordinator: _____ Date: _____