



Volunteer Application

Thank you for your interest in volunteering. This information will provide us with an understanding of your interests and abilities. Some questions may seem personal; however, the information is helpful in determining the best role for you.

A. General Information *(please print legibly)*

Name: _____ Date: _____
Address: _____ City: _____ State/Zip: _____
Home Phone: _____ Cell Phone: _____ Date of Birth: _____
Email: _____

B. Education and Employment

Are you currently enrolled in school?

Educational Experience:

*Specify field of study/degree _____

Additional training, certifications, license _____

Are you currently employed?

Employer: _____ Position/Hours: _____

Briefly describe the type of work you do: _____

Please check all special skills or hobbies that apply to you:

Foreign language: _____ Computer/Data Entry Light Housekeeping Pet care
Arts/Crafts Cooking/Baking Singing/Playing Instrument Fix-it capabilities Gardening/Yard work
Event Planning Errands Hairstyling other: _____

C. Personal Information

Have you done other volunteer work? If yes, briefly describe:

Why do you wish to be a volunteer?

Do you have a valid driver's license?

Do you have reliable transportation?

Do you have auto insurance?

D. Programs/Settings of Interest (please check all that apply):

Home Hospice Care Compassionate Care Center Palliative Care Bereavement Support
Nursing Homes Assisted Living Facilities Administrative Support Special Event Support

E. Areas of Interest (please check all that apply):

Companionship Transportation Phone Calls Light Housekeeping Meal Prep Mailings
Home Repair/Maintenance General Office Help Greeter Children's Activities Floral Arrangements
Arts/Crafts Pet Therapy Fundraising Photography Videography/Video Editing Baking/Cooking
Veteran Recognition Public Speaking Comfort care for the actively dying

F. References

Please list two personal references (I authorize Hospice to contact the persons listed below to obtain personal reference checks):

1.) Name: _____ Relationship: _____
Email Address: _____ Phone Number: _____
Years Known: _____

2.) Name: _____ Relationship: _____
Email Address: _____ Phone Number: _____
Years Known: _____

G. Emergency Contact

In case of an emergency, whom should Hospice notify?

Name: _____ Relationship: _____
Address: _____
Home Phone: _____ Work Phone: _____

"I certify that the facts contained in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained herein and the references listed above, and release all parties from liability for any damage that may result from furnishing same to you. I understand as a condition of my volunteer service, I will be required to undergo screening and other pre-service requirements."

Signature of Applicant: _____ Date: _____

Please Return To:

Mail: Attn: Volunteer Coordinator, Hospice Care Plus, 350 Isaacs Ln, Richmond KY 40475.

In-Person: The Berea office at 208 Kidd Drive or Compassionate Care Center at 350 Isaacs Ln. Richmond.

Email: You may scan and send to hospice@hospicecp.org

Fax: 859-986-2546 or 859-626-9272

Thank you for completing and returning this application. We will notify you when the next volunteer training date is scheduled. If you have questions before then, please feel free to contact us at any time.

859-626-9292 / 859-986-1500 / 800-806-5492 www.hospicecp.org www.facebook.com/hospiceCP