



Sun Valley Hospice Volunteer Application

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

E-Mail _____ Fax _____

Employer _____

Business Address _____

Work Phone _____ Position _____

Highest Level of Education Completed _____ Where _____

Any other training or seminars? _____

Are you a U.S. Veteran? _____ Which Branch? _____

Are you presently attending School? _____ Where? _____

Courses: _____

Do you speak a second language? _____ Read? _____ Write? _____

If yes, which language(s)? _____

Do you have access to a car? _____

Are you willing to provide proof of auto insurance and a drivers license? _____

How willing are you willing to drive, to volunteer? _____

Which day(s) are best for you to volunteer? _____

Times _____

How did you hear about Sun Valley Hospice? _____

Areas of Interest: Office Support: _____ Clerical _____ Data Entry _____

Mailings _____ Other (explain) _____

Patient Support _____ Bereavement Support _____

I am willing to be assigned to a smoker? _____

I am willing to be assigned to a home with cats or dogs? _____

Personal References:

Name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

How long known: _____ Relationship: _____

Name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

How long known: _____ Relationship: _____

Name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

How long known: _____ Relationship: _____

I authorize an investigative report to be made whereby information is obtained through personal interviews with third parties. I understand and consent to an inquiry that may include information as to my character, general reputation and personal characteristics, whichever may be applicable. I hereby release from all liability or responsibility all persons, companies, organizations or corporations furnishing such information.

I am willing to adhere to the rules and regulations of Sun Valley Hospice to the best of my ability. I agree to respect the client's confidentiality. I understand that I will begin service on a reciprocal trial basis.

Volunteer's Signature: _____ **Date:** _____

