



VOLUNTEER APPLICATION

SILVERADO HOSPICE OFFERS EQUAL OPPORTUNITIES TO ALL VOLUNTEER APPLICANTS REGARDLESS OF SEX, AGE, RACE, COLOR, RELIGIOUS CREED, NATIONAL ORIGIN, ANCESTRY, MARITAL STATUS, SEXUAL ORIENTATION, GENDER IDENTITY, GENDER OR DISABILITY

PLEASE PRINT PLAINLY

Date _____		
Name _____	_____	_____
Last Name	First Name	Initial
Present Address _____		

City _____	State _____	Zip Code _____
Home Phone # _____	Cell Phone # _____	
Work Phone # _____	Email Address _____	
Employer _____		
Occupation _____		
Level of Education: <input type="checkbox"/> High School <input type="checkbox"/> 2 Yr College <input type="checkbox"/> 4 Yr College <input type="checkbox"/> Post Graduate		
Total numbers of hours per week you could be available for hospice volunteering _____		
Preference: <input type="checkbox"/> Daytime <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Other		
Foreign languages spoken _____		
Religious Affiliation _____		
(Optional- may assist us in proper placement of our volunteers)		
How did you hear about us? _____		
Why do you wish to be involved in hospice work? _____		

Have you had any experience with the terminally ill? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what was the experience like for you? _____		

Has someone close to you ever died? Yes No

If yes, who was it, and what was the experience like for you? _____

What organizations and clubs do you belong to? _____

What do you like best about yourself? _____

List any experiences or talents you think would be helpful to you in hospice volunteering
(Example: work, education, other volunteering, office skills, musical abilities, arts and crafts, etc.)

Birthday (month and date only) _____

Do you have available transportation for your volunteer work: Yes No

Do you have a valid California driver's license? Yes No

Do you have current automobile liability insurance? Yes No
(Required if you use your car for hospice work)

Have you been convicted of a felony within the last 7 years? Yes No
(Conviction will not necessarily disqualify you from volunteering)

In Case of Emergency

Name _____ Relationship _____

Home Phone# _____ Cell or Work Phone# _____

Physician _____ Phone # _____

APPLICANT SIGNATURE _____

DATE _____