



Volunteer Application

Administrative Office
 716 Commercial Avenue SW
 New Philadelphia, Ohio 44663

PERSONAL DATA

| | | | | |
|--|-------------------|-------------------------------|-----------------|----------|
| First Name | | Middle Initial | Last Name | |
| Present Address | | City | State | ZIP |
| Home Phone | Cell Phone | Work/School Phone | Email Address: | |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | | Date of Birth (Year Optional) | | |
| Emergency Contact Name | Relationship | Home No. | Work No. | Cell No. |
| Personal Physician Name | Physician Address | | Physician Phone | |
| Branch of Military Service | | | Rank | |
| Service Dates | | Combat Experience | | |

EDUCATIONAL BACKGROUND

| | | |
|-------------------------|----------------|--|
| Name of High School | City and State | High School Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name of College | City and State | Currently Enrolled <input type="checkbox"/> Yes <input type="checkbox"/> No College Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Degree or Area of Study | | Graduation Date: |

EMPLOYMENT HISTORY

| | | |
|----------------------------------|----------------|---|
| Name of Current or Last Employer | City and State | Employer Phone No.: If necessary, may we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|----------------------------------|----------------|---|

VOLUNTEERING BACKGROUND & EXPERIENCES

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|--|--|
| How did you learn of the volunteer program at Community Hospice? | Why do you want to volunteer at Community Hospice |
| What kind of volunteer work do you wish? | What days and times would you prefer to volunteer? |
| Do you have previous volunteer experience? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list below. | |
| Name of Organization/Volunteer Program 1. | Position/Description of Duties Dates of Service |
| 2. | |

Please complete Page 2

VOLUNTEER SKILLS – Please mark any of the skills or talents you have.

| | | |
|--|--|-----------------------------------|
| Languages other than English (Please specify) | Computer Skills (Please specify Programs) | Certifications (Please specify) |
| Sign Language | Arts & Crafts/Sewing/Knitting | Music (Vocal and/or instrumental) |
| Medical Training (Please specify) | | Other (please specify) |
| Hobbies, Clubs, Extracurricular Activities, Family Information or anything else you would like us to know (please list): | | |

Background

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| <p>Have you ever been convicted of a misdemeanor offense in the last five years? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>If yes, specify date(s) and explain: (Please note: Community Hospice does conduct background checks. A conviction does not necessarily disqualify a volunteer applicant. Failure to disclose may result in disqualification or termination.)</p> |
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Volunteer Consent and Release

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|---|---|--------------------------|
| <p>I UNDERSTAND THAT: My signature below affirms all the facts set forth in my application for volunteering are true and complete. I understand that if accepted, false statements, omissions, or other misrepresentations by me on this application may result in immediate dismissal. I understand that I will be required to attend volunteer orientation and in-services as required. I understand the information I have provided may be verified, if necessary, by contacting persons or organizations named in this application and on my references, or by contacting any person or organization that may have information concerning me, or by conducting a criminal background check. I hereby release and hold harmless Community Hospice, its directors, officers, employees and agents from any and all claims, damages, costs, expenses, liabilities, losses, including attorney fees and expenses arising from or related to Community Hospice, processing or accepting this application.</p> | | |
| <p>_____</p> <p>Volunteer Name (Please Print)</p> | <p>_____</p> <p>Volunteer Signature</p> | <p>_____</p> <p>Date</p> |
| <p>_____</p> <p>Parent/Guardian Signature (if under 18)</p> | <p>_____</p> <p>Date</p> | |
| <p>_____</p> <p>Volunteer Coordinator Signature</p> | <p>_____</p> <p>Date</p> | |

REFERENCES:

| Name: | Address: | Phone: |
|-------|----------|--------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

Thank you for completing this application and for our interest in volunteering with us. All information above is considered confidential. Please return this application at your scheduled interview. Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age disability or veteran status. Community Hospice is not obligated to provide a placement, nor are you obligated to accept the position offered.