



...guiding you down life's path

Volunteer Application

Name: _____ Date: _____

Address: _____ Apt#: _____ City: _____

State: _____ Zip Code: _____ Phone #(s): _____

Emergency Contact Name and Phone Number: _____

Relationship: _____ Address: _____

Are you currently employed? Yes ___ No ___

If yes, Employer: _____

Address: _____ Phone#: _____

Are you a student? Yes _____ No _____

If yes, School _____

Address: _____ Phone#: _____

Have you ever volunteered before? Yes _____ No _____

As a volunteer, indicate briefly where you worked and what you did:

Please indicate the frequency you wish to volunteer:

Weekly Bi-Weekly Every other week Monthly Other

Length of time you wish to volunteer:

1 Hour 2 Hours 3 Hours Other (Specify) _____

Days of the week you prefer:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Morning Afternoon Evening

Please check which of the following volunteer opportunities you are interested in doing:

- | | | |
|---|--|---|
| <input type="checkbox"/> Parties and Special Events | <input type="checkbox"/> Reading to residents | <input type="checkbox"/> Playing a musical instrument |
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Delivering mail to residents | <input type="checkbox"/> Calling Bingo |
| <input type="checkbox"/> Clerical Work | <input type="checkbox"/> Writing letters for residents | <input type="checkbox"/> Assisting with Small Groups |
| <input type="checkbox"/> Transporting Residents within the Community/Facility | <input type="checkbox"/> Hosting a Sing-A-Long | <input type="checkbox"/> Making items for fairs raffles |
| <input type="checkbox"/> Helping with outings | <input type="checkbox"/> Cooking Groups | <input type="checkbox"/> Other: |

Do you have any special interests that you would like to share with the residents?

Do you have any physical or medical condition(s), which would limit your ability to volunteer? (Please specify).

Have you ever worked with elders before? Have you had any experience with confused elders? Please explain:

References:

Please provide two references. May we contact them? Yes _____ No _____

Name: _____	Phone Number _____	Relationship: _____
Name: _____	Phone Number _____	Relationship: _____

By signing this document, I verify all of the information is true to the best of my knowledge.

In addition to this application, all junior volunteers must have parental or guardian permission. All volunteers must sign the Pathway Hospice confidentiality statement and must agree to attend a volunteer orientation.

Signature: _____ **Date:** ____ / ____ / ____