

Hospice of Yuma

VOLUNTEER APPLICATION

New  Update

*Please Print*

Date \_\_\_\_\_

Name \_\_\_\_\_

Primary Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Second Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Second Phone \_\_\_\_\_

Cell \_\_\_\_\_ email \_\_\_\_\_

Date of Birth \_\_\_\_\_

Primary Language Spoken \_\_\_\_\_ Secondary Language Spoken \_\_\_\_\_

What do you know about Hospice?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to be (*or continue to be*) a Hospice Volunteer?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work experience (Please indicate the type of work you are doing or have done in the past or any hobbies or special skills you enjoy.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you experienced a loss (*divorce, death, job, etc.*) within the last twelve months?  
(*Please explain.*)

---

---

---

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

Personal References:

Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

Availability: (*Circle all that apply*)

Days per week: M T W TH F S SUN

Hours per week: 2 4 5 6 7 8 9 or more

Time of day: Mornings Afternoons Evenings

Signature \_\_\_\_\_ Date \_\_\_\_\_