

HOSPICE OF YUMA

VOLUNTEER APPLICATION

New Update

Please Print

Date:

Name:

Primary Address:

City:

State:

Zip:

Secondary
Address:

City:

State:

Zip:

Primary Phone:

Secondary 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:

Day Phone:

Relationship:

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: