



1824 S. 8<sup>th</sup> Avenue, Yuma, AZ 85364  
 (928) 343-2222 Fax: (928) 343-0688

## VOLUNTEER APPLICATION

Please print

<b>Today's Date:</b>			
<b>Name</b> First	Middle	Last	<b>Date of Birth</b>
<b>Primary Address</b>		<b>City</b>	<b>State</b>
<b>Alternate Address</b>		<b>City</b>	<b>State</b>
<b>Cell Phone</b> ( )		<b>Home Phone</b> ( )	<b>Work Phone</b> ( )
<b>Email Address:</b>			
<b>Emergency Contact(s)</b>			
<b>1. Name:</b>		<b>Address:</b>	
<b>Relationship:</b>		<b>Phone Number: ( )</b>	
<b>2. Name</b>		<b>Address:</b>	
<b>Relationship:</b>		<b>Phone Number: ( )</b>	
<b>Hobbies and Interests (list as many as you would like)</b>			
<b>Education/Special Skills</b>			
<b>I have an active license or certificate in the following fields (example: massage therapist; LMFT, etc.)</b>			
<b>Did you serve in the US Armed Forces? Yes ___ No ___ If yes, which branch?</b>			
<b>Are you vaccinated against COVID 19? Yes ___ No ___</b>			
<b>Occupation (if retired please list former occupation)</b>			
<b>Physical limitations</b>			



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<b>List all languages that you speak fluently:</b>	
<b>Please tell us why you are interested in volunteering for Hospice of Yuma</b>	
<b>Please tell us about any major losses you have had within the past 12 months (divorce, death, job, etc.)</b>	
<b>Have you ever been with someone who was dying?</b>	
<b>Availability</b>	
<b>When will you be available to start volunteering (date):</b>	
<b>Please circle the days you are available: Mon Tues Weds Thurs Fri Sat Sun</b>	
<b>Please circle the number of hours you can work each week: 2 3 4 5 6 7 8</b>	
<b>Which volunteer area(s) interest you? (Please check all that apply)</b>	
<input type="checkbox"/> <b>Patient Care</b>	<input type="checkbox"/> <b>Bereavement</b>
<input type="checkbox"/> <b>Thrift Store</b>	<input type="checkbox"/> <b>Care Office Support</b> <input type="checkbox"/> <b>Outreach/Special Events</b>
<b>How did you hear about Hospice of Yuma?</b> (Please mark your choice and include identifying information)	
<input type="checkbox"/>	<b>Newspaper</b>
<input type="checkbox"/>	<b>Newsletter</b>
<input type="checkbox"/>	<b>Flyer</b>
<input type="checkbox"/>	<b>Family member on service</b>
<input type="checkbox"/>	<b>Current volunteer</b>
<input type="checkbox"/>	<b>Hospice of Yuma staff member</b>
<input type="checkbox"/>	<b>Faith community</b>
<input type="checkbox"/>	<b>Other</b>



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### References

<b>1. Name</b>	<b>Phone number (    )</b>
<b>Relationship to this person</b>	<b>Address</b>
<b>Years known</b>	
<b>2. Name</b>	<b>Phone number (    )</b>
<b>Relationship to this person</b>	<b>Address</b>
<b>Years known</b>	
<b>Have you been convicted of a felony in the past 7 years?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</b> <i>(Conviction will not necessarily disqualify applicant)</i>	

**I hereby certify that the answers provided by me are true and correct to the best of my knowledge. I understand that a criminal/felony background check will be completed before I become an active volunteer.**

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date