

## VOLUNTEER APPLICATION

### PERSONAL INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State ZipBusiness Address: \_\_\_\_\_  
Street City State Zip

Business Phone #: (\_\_\_\_) \_\_\_\_\_ Social Security #: \_\_\_\_\_

### SKILLS AND TALENTS

I have the following areas of experience or expertise to share as a hospice volunteer:

- |   |   |                                     |
|---|---|-------------------------------------|
| <input type="checkbox"/> Typing                     | <input type="checkbox"/> Word Processing            | <input type="checkbox"/> Art Work   |
| <input type="checkbox"/> Data Entry                 | <input type="checkbox"/> Answering Phones           | <input type="checkbox"/> Filing     |
| <input type="checkbox"/> Writing                    | <input type="checkbox"/> Calligraphy                | <input type="checkbox"/> Baking     |
| <input type="checkbox"/> Photography                | <input type="checkbox"/> Public Speaking            | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Carpentry                  | <input type="checkbox"/> Home Repair                | <input type="checkbox"/> Education  |
| <input type="checkbox"/> Lawn Care                  | <input type="checkbox"/> Auto Repair                | <input type="checkbox"/> Sewing     |
| <input type="checkbox"/> Hair Care                  | <input type="checkbox"/> Dental Care                | <input type="checkbox"/> Pet Care   |
| <input type="checkbox"/> Computer Hardware/Networks | <input type="checkbox"/> Computer Software/Training |                                     |
| <input type="checkbox"/> Business Operations: _____ |   |                                     |
| <input type="checkbox"/> Foreign Language: _____    |   |                                     |
| <input type="checkbox"/> Entertainment: _____       |   |                                     |
| <input type="checkbox"/> Counseling: _____          |   |                                     |
| <input type="checkbox"/> Healthcare: _____          |   |                                     |

 I would like to volunteer and work directly with patients and/or family I would like to volunteer in an administrative role such as special projects, office work, etc.

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