

**VOLUNTEER APPLICATION
HOSPICE OF MONTGOMERY**

1111 Holloway Park, Montgomery, Alabama 36117
Phone: (334)279-6677 Fax: (334)277-2223

Name: _____ SS# _____

Address: _____ Birthdate: _____

How long have you lived at this address? _____

Previous Address: _____

Phone #: Work _____ Home _____ Cell _____

Fax _____ Best time to call: _____

Email: _____

Education:

Related Work Experience:

Volunteer Experience:

Areas of Interest: () Clerical () Courier () Switchboard () Patient/Family Care
() Special Events/Community Relations

What special skills and interests do you have (typing, public speaking, counseling, etc)?

Have you ever worked or volunteered for a Hospice organization before? _____

If yes, give details: _____

What is your motivation for becoming a Hospice Volunteer? _____

Have you ever been convicted of a crime? ____ If yes, give details on the back of this sheet.

Are you willing to work (in home care or some other capacity) with person of other races or cultures? () YES () NO

How would you deal with terminally ill persons whose religious beliefs (or lack of beliefs) differ from your own? _____

Are you available: Daytime _____ Evenings _____ Either _____
Preferred days of the week: _____
Weekends: ()YES ()NO

References:

CURRENT EMPLOYER:

Name: _____ Phone #: (W) _____ (H) _____
Address: _____ Position _____

REFERENCE :

Name: _____ Phone #: (W) _____ (H) _____
Address: _____

REFERENCE:

Name: _____ Phone #: (W) _____ (H) _____
Address: _____

Please feel free to submit a resume with your application and enclose copies of special licenses and/or professional awards. Return this form and any other related materials to:
Hospice of Montgomery
Attn: Clara Jehle, Volunteer Coordinator
1111 Holloway Park
Montgomery, AL 36117

*All volunteers are expected to attend the volunteer training program as a basic qualification

Applicant Certification Agreement

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that Hospice of Montgomery shall not be liable in any respect if my volunteer position is terminated because of the falsity of statement, answers or omissions made by me on this questionnaire. I authorize the companies, schools or persons above to give any information regarding my employment and any information they may have regarding whether or not it is in their records. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. In addition, if accepted as a volunteer, I hereby agree to abide by the rules of Hospice of Montgomery.

Signature: _____ Date: _____

Hospice of Montgomery is an equal opportunity employer. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for volunteer services because of his or her race, color, religion, sex, age, national origin, or handicapped status.