



Catholic Hospice
 Providing comfort. Preserving dignity.
 Est. 1988

Volunteer Application

- Companion Care We Honor Veterans
 Administrative Pet Peace of Mind

Personal Information		Are you over 18 years of age?
Name (Last, First, MI)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Address (Street, City, State, Zip)		Preferred Phone No.
Email Address		Best time to reach you
Are you a Seasonal Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide seasonal resident dates:		
Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what branch? <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy		
Fingerprint Questionnaire: <i>(Below information required to register you for background screening)</i>		
Date of Birth:	Place of Birth:	
Country of Citizenship:	Social Security:	
Gender:	Ethnicity:	
Eye Color:	Hair Color:	
Height:	Weight:	
General Information:		
Have you ever worked or volunteered for Catholic Hospice before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, details:		
What is your availability to volunteer?		
<input type="checkbox"/> Weekly _____ hrs <input type="checkbox"/> Bi-Weekly _____ hrs <input type="checkbox"/> Monthly _____ hrs <input type="checkbox"/> Other _____		
How many miles are you willing to drive for a volunteer assignment?		
Please describe any previous education or experiences you've had that would be helpful in volunteering.		
Date	Education, Volunteer Experience, and/or Work History	
How did you learn about Catholic Hospice, Inc.?		
Why do you want to be a Catholic Hospice volunteer?		
What strengths and special skills do you bring to Catholic Hospice?		
Have you had experience with the elderly or terminally ill people?		
Do you speak any foreign language? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, which language?		

General Information (cont'd):

Have you ever been convicted of a felony? Yes No If yes, please describe the offense, the date of the conviction and the underlying circumstances or other information to help us evaluate your current fitness to become a volunteer.

Are you willing to: *(Please check areas of interest)*

- Assist patients with preparations/shopping before/after a hurricane.
 Visit patients at nursing homes/assisted living facilities
 Accept an assignment in a home with pets?
 Accept an assignment in a home with smokers?

Areas of Interest: *(Please check areas of interest.)***Patient Related Services**

- Caregiver Relief Pet Visits
 Friendly Visits Bereavement
 Write Letters Phone Calls
 Shopping/Errands Home Chores
 Veteran Pinning Ceremony

Areas of Interest: *(Please check areas of interest.)***Non-Direct Patient Related Services**

- Office Work
 Mass Mailings
 Sewing/Crafts
 Community Events
 Other: _____

Required Documentation: *(Please provide copy of documentation listed below)*

Driver's License	Car Insurance	Covid-19 Vaccination Card
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Emergency Contacts: *(Please provide one (1) person to contact in case of emergency)*

Name	Relationship
Home Phone	Cell Phone

Professional References: *(Please provide information of two (2) professional reference)*

Name	Relationship
Home Phone	Cell Phone
Name	Relationship
Home Phone	Cell Phone

I HEREBY CERTIFY THAT THE INFORMATION STATED ABOVE IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____

DATE: _____