



## Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ State: \_\_\_\_\_

### **Telephone Numbers:**

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail: \_\_\_\_\_

Are you a Seasonal Resident?  Yes  No

Seasonal Resident from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Emergency Contacts

Primary Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ State: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ State: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_



## Volunteer Application -*Aplicación para servir como Voluntario*

Name (Nombre) \_\_\_\_\_

Education: High School, College, Business, Vocational

School-City, State	Years Attended	Degree, Major

### Employment History (Historia de Empleo)

Company, City, State	Dates	Work Description

### Volunteer History (Experiencia como voluntario)

Company-City, State	Dates	Work Description



## Volunteer Application - *Aplicación para servir como Voluntario*

Name (Nombre) \_\_\_\_\_

How did you learn about Catholic Hospice, Inc.?

\_\_\_\_\_

Why do you want to be a Catholic Hospice Volunteer?

\_\_\_\_\_

\_\_\_\_\_

Volunteer Skills and Interests:

\_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

If yes, describe conditions: \_\_\_\_\_

Volunteer Availability:

Daytime (de Dia) \_\_\_\_\_ Evenings (de Noche) \_\_\_\_\_ Weekends (Fines de Semana) \_\_\_\_\_

Please Circle Days Available:      Mon.    Tues.    Wed.    Thurs.    Fri.    Sat.    Sun.

Do you speak any foreign language(s)? Yes/No

If yes, please list languages: \_\_\_\_\_

Hobbies and Skills: (crafts, hairdressing, homemaking, music, etc.)

\_\_\_\_\_

In the event of a Hurricane Warning, are you willing to assist patients/families with preparations/shopping?  
Yes/No

Are you willing to visit patients at nursing homes/assisted living facilities? Yes/No

Are you willing to accept an assignment in a home with pets? Yes/No

Are you willing to accept an assignment in a home with smokers? Yes/No

**\*\*\*Are you willing to transport patient (to doctor's appt, to Church, run errand etc.)? Yes/No**