



For Volunteer Services Only:
Date Received: _____
Date of Contact: _____
Interview Appt: _____
Program: _____

## Volunteer Application

*Thank you for your interest in becoming a volunteer for Family Hospice. The information you provide below will be helpful as we work with you to identify areas of interest for you. Please Print!*

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_

**Work Phone:** (\_\_\_\_) \_\_\_\_\_

**Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Volunteer Position Desired:** \_\_\_\_\_

**Why are you interested in Volunteering?** \_\_\_\_\_  
\_\_\_\_\_

**How did you hear about Volunteer Opportunities?** \_\_\_\_\_  
\_\_\_\_\_

**If position requires, do you have a vehicle available for work?**  Yes  No

**Do you have a Pennsylvania Driver's License?**  Yes  No

**Have you ever been convicted of a Felony or Misdemeanor?**  Yes  No

**If yes, please explain. A conviction may not necessarily disqualify you from the position sought:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Availability:**

*Please write in times that you are available to volunteer in the table below:*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Mornings							
Afternoons							
Evenings							

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Employment History**

Name/Address of Company	Job Title	From:	To:	Reason for Leaving	Supervisor/ Telephone Number
Name/Address of Company	Job Title	From:	To:	Reason for Leaving	Supervisor/ Telephone Number

Was your employment listed under another name?  Yes  No

If yes, Please indicate: \_\_\_\_\_

**Education History**

Name/ Location of School (High School)	Degree	Field of Study	Graduated? Yes or No
Name/ Location of School (College or University)	Degree	Field of Study	Graduated? Yes or No

Please list any other education or technical training which would assist you in this volunteer position for which you are applying: \_\_\_\_\_

\_\_\_\_\_

**References**

*Please list at least three references, not related to you.*

Name and Occupation	How do you know this reference?	Full Address to include Address, City, State, & Zip	Phone Number/ Email Address
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**Special Skills and Interests:**

*Please ✓ areas of Interest:*

Clerical       Cooking/Baking       Music       Interacting w/Children  
 Computer       Gardening       Meal Prep       Arts & Crafts  
 Sign Language       Foreign Language       Sewing       Quilting  
 Other, Please List: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

My signature below indicates that all information contained in this application is true and correct. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts on this application is cause for dismissal. If accepted, Family Hospice recognizes that all volunteer staff are accepted at will and that the volunteer relationship may be terminated at any time by either party, with or without cause, or for any reason with or without notice.

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

*It is the policy of UPMC to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.*

Thank you for completing this application form and for your interest in volunteering with us!

**Please submit completed form to:**

**Email:**  
**careers@homenursingagency.com**

**Mailing Address:**  
**Family Hospice**  
**20 Sheraton Drive**  
**Altoona, PA 16601**