

**Albany Community Hospice
Volunteer Application
(PLEASE PRINT)**

Last Name **First Name**

Address **(Apt. #)** **City** **Zip Code**

(____) _____ (____) _____ (____) _____

Home Phone **Business Phone** **Cell Phone**

Which number should be used to contact you during the day? _____

_____/_____/_____
Email: Home or Work **Birthday** **Month/Day**

In case of an emergency contact:

Name: _____ **Phone:** _____

BACKGROUND INFORMATION

1. Education:

Level of Education (check the highest level completed):

_____ Some or no high school _____ High school graduate

_____ Some college/professional/technical college

_____ College/Professional school graduate or degree

_____ Some postgraduate work _____ Postgraduate degree

2. Employment:

Are you currently employed? _____ Yes _____ No

If yes, full time or part time? _____

Place of employment: _____

What is your job/position? _____

If not employed, do you plan to go to work in the near future?

_____ Yes _____ No

3. Experience:

What type of work have you done in the past? _____

Have you ever served in the Armed Forces? _____

Branch of Service: _____

Military Job: _____

Retired? _____

4. Can you speak a foreign language? _____ Yes _____ No

5. Do you have any physical restrictions, which might affect your volunteer placement?

If yes, please specify: _____

**6. Have you experienced a death in your family or someone close to you in the past year?
If so, what was your relationship to the person(s)**

7. Transportation:

Do you drive? _____ Yes _____ No

Do you have a car at your disposal? _____ Yes _____ No

Do you carry liability insurance? _____ Yes _____ No

8. How often are you available to volunteer?

_____ Weekly _____ Several times per week _____ Monthly _____ Other

When are you most available?

_____ Daytime _____ AM only _____ PM only _____ Either _____ Evenings

9. Skills/Interests/Hobbies:

_____ Patient Support/Companionship

_____ Arts/Crafts

_____ Sewing

_____ Computer

_____ Listening

_____ Journalism

_____ Sign Language

_____ Secretarial/Clerical (typing, mailings, filing, telephoning, etc.)

_____ Teaching/Public Speaking

_____ Handyman

_____ Music

_____ Cooking/Food Preparation

_____ Professional Services

Other (specify): _____

10. How did you hear about our Volunteer Program?

_____ Word of mouth _____ Community Presentation _____ Newspaper _____ Referral

_____ Church/Synagogue announcement _____ Website _____ Phoebe Briefs

Other (Please specify):_____

11. Why did you decide to volunteer for Albany Community Hospice?

12. Are you currently volunteering with any other agencies?

Yes No

If yes, please list organization(s) and job(s).

PERSONAL REFERENCES

(1) **Name** _____

Daytime Phone (____)_____

Address	Street/P.O. Box	City	Zip Code
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Email Address: _____

Capacity Known:_____

(2) **Name** _____

Daytime Phone (____)_____

Address	Street/P.O. Box	City	Zip Code
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Email Address:_____

Capacity Known:_____

The information provided in this application is true in all respects, without any willful omissions. I give my consent for a representative of Albany Community Hospice to contact the references listed.

Signature

_____/_____/_____
Date

I, _____ hereby grant permission for photographs and/or interviews with Albany Community Hospice and Palliative Care to be used for public relations purposes.

Please mail or bring application to Albany Community Hospice located at 320 Foundation Lane, Albany, Georgia 31707.