

Lakeside Hospice, Inc.
P.O. Box 544
Pell City, AL 35125
205-884-1111

VOLUNTEER APPLICATION

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Telephone Home: _____ Other: _____ Date of Birth: _____

Email: _____

Education:

Schools Attended	Dates	Major Subjects	Graduated	Degree

Employment:

Employers (begin with most recent)	Dates	Title	Description of Duties

Religious Affiliation:

Do you have a religious affiliation?	Yes: _____	No: _____
If yes, name of Church of Community of Faith: _____		

Health:

Do you have health related problems or physical limitations?	Yes: _____	No: _____
If so, please explain: _____		

Transportation:

Do you have access to transportation?	Yes: _____	No: _____	
Do you have a valid Alabama Driver's License?	Yes: _____	No: _____	Number: _____
Do you have insurance on your vehicles?	Yes: _____	No: _____	

Experience:

List any skills: direct care, office, arts and crafts, music, interpretation for the deaf, another language, etc.

Categories of Volunteer Services: (Mark those of interest to you.)

<input type="checkbox"/> Direct Care	<input type="checkbox"/> Transportation	<input type="checkbox"/> Bereavement	<input type="checkbox"/> Language Interpreters
<input type="checkbox"/> Office	<input type="checkbox"/> Arts & Crafts	<input type="checkbox"/> Music	<input type="checkbox"/> Deaf Interpreters
<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Child Care	<input type="checkbox"/> Speaker's Bureau	<input type="checkbox"/> Professional Consultant
<input type="checkbox"/> Special Services: (Please Explain) _____			

Availability for Volunteer Work:

Number of days per week: _____ Circle days available: M T W T F S S

Circle the times of day you would be available: Morning Afternoon Evening

Knowledge of Hospice:

What do you know about hospice care?

Would you be willing to take Volunteer Orientation Training (4-5 hour course)? Yes: ___ No: ___

Would you be willing to participate in Quarterly In-Service Training Events? Yes: ___ No: ___

How did you find out about Lakeside Hospice, Inc.? _____

References: Names of three people we may contact for a personal reference.

Name	Address	Telephone

Person to contact in emergency

Name _____

Phone _____

Address _____

I am willing to make a commitment as an active volunteer for Lakeside Hospice, Inc.

Signature of Applicant

Interview: To be completed by the Interviewer

Interviewer: _____ Date: _____

Comments:

