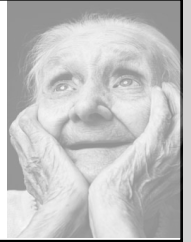




Pike County Health Department
Home Health & Hospice

Volunteer Application



Date:

Name: Last MI First

Address: Street City, State Zip Code

Phone: Home Cell Email:

Education: (Last grade completed or degree obtained.)

Present Employer:

Position/Title: Phone:

Address: Street City, State Zip Code

Full-Time Part-Time Hours Per Week Days Per Week

Other Volunteer Experience: Agency

Duties

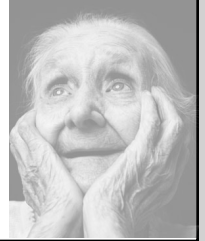
Community/Civic/Professional Activities:

Why do you want to become a Hospice Volunteer?:



Pike County Health Department
Home Health & Hospice

Volunteer Application



Special Skills/Hobbies/Interests:

- Hairdressing Nursing Arts & Crafts Music Teaching
- Typing Counseling Cooking Public Speaking

Other:

Do you know a foreign language? (Please specify):

How did you learn about our program? (Please check all that apply):

- Radio Television Newspaper Friend Church
- Family Online Facebook Hospice Employee

Other:

When are you available to volunteer? (Please specify days and times):

Please indicate your areas of interest: (Please circle all that apply)

- Patient/Family Support Hospitality Transportation Fund Raising Office/Clerical
- Public Relations Special Projects Bereavement Recruiting Volunteers Crafts

Other:

In case of emergency, notify:

Name

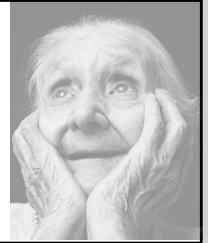
Relationship

Phone #



Pike County Health Department
Home Health & Hospice

Volunteer Application



Do you have reliable transportation?: YES NO

Drivers License #:

Auto Insurance Policy #:

Please list three personal references (minister, teacher and employer):

Name

Name

Address

Address

Phone #

Phone #

Relationship

Relationship

Name

Name

Address

Address

Phone #

Phone #

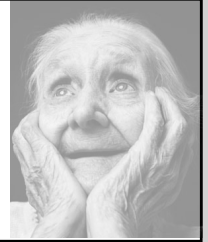
Relationship

Relationship



Pike County Health Department
Home Health & Hospice

Volunteer Application



Have you ever been on the Employee Disqualification List?: YES NO

Have you ever been convicted of a felony by any enforcement authorities for any violation of any law, regulation, or ordinance within the last seven years? Include any court martial while in the military. Do not include misdemeanor traffic violations for which the only penalty imposed was a monetary fine.

YES NO

If YES, explain below: *(Convictions will not necessarily disqualify an applicant from employment.)*

I am applying to be a volunteer with Pike County Health Department, Home Health & Hospice. If accepted I understand Pike County Home Health & Hospice will provide me with orientation and training appropriate to the tasks assigned to me.

I hereby give permission to contact the above named references.

Signature of Applicant:

Date:

Volunteer Coordinator:

Date:

I hereby give permission for my child (a minor) to volunteer services to Pike County Health Department, Home Health & Hospice.

Parent or Guardian (Necessary only for minors):

Date: