



# Volunteer Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Present Address: \_\_\_\_\_  
Street City State Zip

Permanent Address: \_\_\_\_\_  
Street City State Zip

Phone No.: Home (\_\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you 18 years or older? \_\_\_ Yes \_\_\_ No

**EDUCATION:**

	Name and Location of School	No. of Years Attended	Did You Graduate?	Subject/Major
High School				
College				
Specialized Training				

Have you ever been convicted of a crime (other than a minor traffic violation)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please state citation, date and place where offense occurred. \_\_\_\_\_

If a driving position, do you have a Michigan driver's license and required insurance coverage \_\_\_ Yes \_\_\_ No

**REFERENCES :** Three individuals not related to you, whom you have known for at least one year:

Name	Address and Telephone	Relationship	Years Acquainted

Emergency Contact:

**PLEASE CONTINUE ONTO BACK SIDE OF PAGE**

**CURRENT AND FORMER EMPLOYERS: (Most Recent First)**

Month/Year	Employer Name, City and State	Last Position Held/ Responsibilities
From: To:		
From: To:		
From: To:		
From: To:		

To help better understand your interests and talents, please explain your reasons for wanting to become a hospice volunteer.

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All of the information I have provided has been provided correctly and to the best of my ability. The information I have provided will be kept confidential and used as a tool to better understand what interests I have as a volunteer.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date