



**Volunteer Application**

Date \_\_\_\_\_

DOB \_\_\_\_\_

Name \_\_\_\_\_  
                    First                                      Middle                                      Last

Address \_\_\_\_\_  
                    Street                                      City                                      Zip Code

Telephone:  
Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

On whom do you call on for support? \_\_\_\_\_

Have you experienced any deaths in your family or those close to you?

\_\_\_ YES      \_\_\_ NO

If yes, specify your relationship with deceased and give date of death.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List previous and current work and/or volunteer work, including places, dates, and type of work performed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any special skills/hobbies/interests you have (Ex. Genealogy, love of dogs, massage, love to read, crochet, etc...)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When will you be available to volunteer?

Monday\_\_\_\_\_

Tuesday\_\_\_\_\_

Wednesday\_\_\_\_\_

Thursday\_\_\_\_\_

Friday\_\_\_\_\_

Saturday\_\_\_\_\_

Sunday\_\_\_\_\_

Please rank the kind of work you would like to do (1-5):

\_\_\_\_Direct Contact with Patient/Family      \_\_\_\_Bereavement Support

\_\_\_\_Office Work      \_\_\_\_Fundraising

\_\_\_\_Other (ex. Speakers Bureau, assistance with family needs) \_\_\_\_\_

Is there any circumstance when you will not work with a patient?

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Describe your views about life and death.

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How did you learn about High Country Health Care & Hospice in Watauga?

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- I certify that all statements made on this form are true, complete, and correct. I authorize you to contact the references I provided. I understand that any false information on this application will cause for termination as a volunteer.
- I understand that I must complete a volunteer training program before give an assignment with a patient. I am willing to participate in High Country Health Care Hospice's ongoing activities for volunteers in Watauga County.
- I also understand that I must attend at least two in-services a year to continue to be assigned to patients.

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Applicants Signature

Date