
FREMONT REGIONAL HOSPICE

Volunteer Application

Name: _____ Date: _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Work Phone: _____

Email: _____

Where did you hear about Fremont Regional Hospice volunteer opportunities? (Please be as specific as you can.)

 Church _____ Friend _____ Radio/TV _____ Newspaper _____ Other _____

Why do you want to be a hospice volunteer? _____

EXPERIENCE***Relevant Work Experience:***

Current Occupation _____ Employer _____

Work Schedule _____

Previous Occupation _____ Employer _____

Work Schedule _____

Volunteer Experience:

When? _____ Where? _____

Description of work: _____

HOBBIES, INTERESTS, AND SKILLS

(Arts, Crafts, Music, Office Skills, Foreign Language, or other relevant information?)

VOLUNTEERING

Is there a specific type of volunteer work in which you are interested? Check all that apply.

- Working directly with patients/clients/families on the home
- Working with patients/ clients in extended care facilities
- Assisting in the office with general administrative duties
- Special activities: fundraising, public speaking, etc.
- Bereavement
- Spiritual Care
- No preference
- Other _____

At what times are you available to volunteer?

- I am flexible Weekdays Evenings Weekends
- I am not available during the following periods to volunteer

PERSONAL REFERENCES

1. Name: _____ Phone: () _____

Address: _____ Zip: _____

2. Name: _____ Phone: () _____

Address: _____ Zip: _____

Date: _____

Signature of Applicant

Date: _____

Signature of Director of Volunteer Services