



Volunteer Application Form



Please check the position you are interested in:

- Hospice
 Bereavement
 Caregivers
 Crafts
 Office

Your Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone #: _____

In Case of Emergency, please notify:

Name: _____ Relationship: _____

Home Phone: _____ Business Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Current Employment Information:

Employer Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Business Telephone: _____ Position: _____

Hours Worked: _____ May we call your work: Yes No

Education:

Highest Grade Level: _____

Degrees Obtained: _____



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Availability (please check):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do You Have (please check):

Own Transportation <input type="checkbox"/>	Car Insurance <input type="checkbox"/>	Valid Driver's License <input type="checkbox"/>
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Some clients may require transportation, so please answer the following questions regarding your Driving Record:

Have you had any traffic violations in the last 5 years? Yes No

If Yes, please explain: _____

Have you had any traffic accidents in the last 5 years? Yes No

If Yes, please explain: _____

Special Skills and/or Interests (please check):

- Clerical Work
- Calligraphy
- Music
- Accounting / Bookkeeping
- Sewing
- Crafts

Hobbies (specify): _____

Languages (specify): _____



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Health Questionnaire:

Have you had any serious illness in the last 5 years? If so, please describe: _____

Do you have any physical limitations that would be a hindrance in your volunteer role? If so, please describe: _____

As part of our admission process you would need a Tuberculosis test. Would this be okay with you? Yes No

I hereby certify that the above information is true to the best of my knowledge. I realize that this information is confidential and may be used to determine my eligibility to volunteer. I authorize North Mississippi Hospice to make any inquiries regarding these facts. I also agree to submit to any examinations, which may include chest x-ray, appropriate laboratory tests, and/or immunizations which may be necessary as part of my volunteer service. I also authorize my physician to furnish information regarding my current health.

Volunteer Applicant Signature: _____ Date: _____