



675 Peter Jefferson Parkway • Suite 300
Charlottesville, VA 22911
(434) 817-6900

VOLUNTEER APPLICATION

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital, or veteran status, or any other legally protected status.

Date: _____

First Name *Middle Name* *Last Name*

Street/Box Address *City* *State* *Zip*

Phone # *E-mail address*

Are you a Veteran? Yes No Branch of Service _____

EDUCATION:

Schools Attended	Degree or Certification	Course or Major
_____	_____	_____
_____	_____	_____

WORK HISTORY: List most recent position first

Employer: _____

Duties performed: _____

Employment dates: *From* _____ *To* _____

6) What losses have you experienced? When did these losses occur?

7) How do you handle/cope with stress?

REFERENCES: List two (2) persons to whom you are not related, and who have known you for several years, preferably people familiar with your work skills.

Name	Address	Daytime Phone #
_____	_____	_____
_____	_____	_____

Where did you hear about the opportunity to volunteer at Hospice of the Piedmont?

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this volunteer application as may be necessary in determining acceptance in a volunteer capacity. In the event of becoming a hospice volunteer, I understand that false or misleading information given in my application or interview(s) may result in termination of volunteer status. I understand, also, that I am required to abide by all rules and regulations of Hospice.

Signed (type your name)

Date