

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 Na | me | |
| | | | | | |
| Street/Box Address | City | | State | Zip | |
| Phone # E | -mail address | | | | |
| Are you a Veteran? | Yes No | | Branch of Servic | ;e | |
| EDUCATION: | | | | | |
| Schools Attended | | - | or Certification | | Course or Major |
| | | | | | |
| WORK HISTORY: List | most recent position | on first | | | |
| Employer: | | | | | |
| Duties performed: | | | | | |
| | | | | | |
| | | | | | |
| Employment dates: | From | То | | _ | |

| Employer: | | | | |
|-------------------|------|----|--|--|
| Duties performed: | | | | |
| | | | | |
| | | | | |
| Employment dates: | From | То | | |

ADDITIONAL INFORMATION / SPECIAL SKILLS:

- 1) Other hobbies, interests, skills or experiences you bring to hospice work.
- 2) Other organizations or civic groups you feel are pertinent.

- 3) Why do you wish to volunteer with Hospice of the Piedmont?
- 4) Do you have any physical limitations that would affect your ability to work with patients/families?
- 5) To help us find the proper assignment for you, please summarize any information you feel would be useful.

- 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

(rev. 10/8/2019)