

Hospice of Central New York Volunteer Application Form

Thank you for your interest in becoming a Hospice of CNY volunteer. This application form was developed specifically for the Hospice program and is confidential. The information will help us to find the kind of work assignment you will most enjoy.

Name: _____ **Date:** _____

Address: _____ **Phone:** _____

Email: _____ **FAX:** _____

Occupation: _____

Employer: _____ **Business Phone:** _____

Education/Schools Attended	Degree	Major
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you learn about Hospice volunteer opportunities? _____

Employment History	Date	Description of Work
_____	_____	_____
_____	_____	_____
_____	_____	_____

Professional Affiliations/Honors: _____

Volunteer Experience	Date	Description of Work
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other involvements: _____

Experience, special skills, office skills, arts and crafts, music, etc: _____

Foreign languages: _____

**Have you ever been convicted of a crime or violation other than minor traffic infractions?
(conviction would not necessarily result in the denial of role of Family Care Giver)
If yes – please explain** _____

Has someone close to you died recently? If yes, please explain the impact on you:

Who should we contact in the event of a volunteer accident or illness?
Name: _____ **Phone:** _____

Any other remarks? _____

By my signature, I declare that the above information is true and correct as contained in this application.

Volunteer's Signature Date Interviewer's Signature Date