

Hospice Volunteer Application



Contact Information

Name	
Street Address	
City ST ZIP Code	
Home / Cell Phone	
Social Security Number	
E-Mail Address	
Are you a Veteran? If yes What Branch did you serve in?	

Education

High School	Years Attended:	Degree:
College	Years Attended:	Degree:
Graduate School	Years Attended:	Degree:

Interests

Check Category of Interest

- Direct Patient Volunteer
 Office/ Clerical Volunteer
 Spiritual Care
 Complimentary Therapy: Music. Art. Pet. Reiki. Massage

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Agency	Duty	From:	To:	Reason for leaving

Name of your automobile insurance Carrier: _____

We will need a copy of your policy's declaration page.

Do you have any physical limitations of which we should be made aware? Yes No

Person to Notify in Case of Emergency

Name _____ Phone _____

Address _____ Relationship _____

Our Policy

It is the policy of Athena Home Health & Hospice to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

I Hereby give Athena Home Health and Hospice, or any agent thereof, permission to verify the information contained on this form. I understand that my references will be contacted. I understand that I am expected to inform Athena Home Health & Hospice, of any significant changes in my health status that would negatively impact my ability to volunteer for Athena Home Health & Hospice.

Print Name _____

Signature _____

Date _____