



VOLUNTEER APPLICATION

Thank you for your interest in becoming a Volunteer. The purpose of this application form is to help us get to know you and assist us in making appropriate volunteer assignments. To achieve the best possible assignment of volunteers, it is necessary to ask some personal and private questions, but all information is kept confidential.

PLEASE TYPE OR PRINT CLEARLY			DATE
NAME (Last)	(First)	(Middle)	SOCIAL SECURITY NUMBER
CURRENT ADDRESS (Street)	(City)	(State)	(Zip Code)
HOME PHONE	CELL PHONE	EMAIL	
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NOT, STATE YOUR DATE OF BIRTH		
HOW WERE YOU REFERRED TO HOMETOWN?	<input type="checkbox"/> Friend/Family is/was a patient <input type="checkbox"/> Company Website <input type="checkbox"/> Current Volunteer <input type="checkbox"/> Posting <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Volunteer Organization website <input type="checkbox"/> Current Employee <input type="checkbox"/> Other		
DO YOU HAVE A VALID WISCONSIN DRIVERS LICENSE? <input type="checkbox"/> NO <input type="checkbox"/> YES			
ARE YOU WILLING TO USE YOUR VEHICLE FOR VOLUNTEER ACTIVITIES? <input type="checkbox"/> NO <input type="checkbox"/> YES			
EMPLOYMENT AND/OR VOLUNTEER HISTORY			
EMPLOYER / ORGANIZATION	DATES	DESCRIPTION OF DUTIES	
EDUCATION			
NAME OF SCHOOL	YEARS ATTENDED	MAJOR / DEGREE	
AVAILABILITY			
DAY OF WEEK	MORNING	AFTERNOON	EVENING
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			



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Sunday			
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CRIMINAL CONVICTION		
	YES	NO
Have you ever been convicted of a crime?		
Do you have any criminal charges pending against you or were you ever convicted (or plead no contest or nolo contendere to) any crime or offenses including felony, misdemeanor, municipal ordinance violation or tribal court conviction?		
If you answered yes to either question above, list each and explain. Add an attachment if needed:		

Have you experienced a loss of a loved one within the last year? Yes No

Other skills, experience, or qualifications (homemaking, crafts, foreign language, computer):

Why do you want to become a Volunteer with the Hometown Hospice & Homecare, Inc.?

List any past experience that would enrich your volunteer activities (i.e., caring for a relative, hospice situation, etc.):

Please specify the area(s) you wish to serve as a Volunteer (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Patient Support | <input type="checkbox"/> Office Work | <input type="checkbox"/> Clergy |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Special Events | <input type="checkbox"/> Crafts / Art projects |
| <input type="checkbox"/> Homemaking | <input type="checkbox"/> Meal preparation | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Yard work | <input type="checkbox"/> Errands | <input type="checkbox"/> Family support |
| <input type="checkbox"/> Computer/Graphic Art skill | <input type="checkbox"/> Special Events | <input type="checkbox"/> Crafts / Art projects |
| <input type="checkbox"/> Homemaking | <input type="checkbox"/> Meal preparation | <input type="checkbox"/> Gardening |

I represent that all of the information now or hereafter given by me in support of my application for volunteerism is true and complete. I authorize you or your representative to verify any of the information concerning my employment, education, credit, criminal, motor vehicle report histories, personal references and military history with the appropriate individuals and /or institutions. I authorize them to release such information as you require, including my prior employment record, without any obligation to give me written notice of such disclosure. I hereby release you or your representative from any liability whatsoever as a result of such inquires and disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the period of my volunteerism with Hometown Hospice & Homecare, Inc.



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Signature: _____

Date: _____