



# VOLUNTEER APPLICATION

Please fill out both sides. Please print in ink.

<i>For office use only</i>	
Date received	_____
Interview	_____
Reference Check	_____
Background Check	_____
Training	_____

## • PERSONAL INFORMATION

Name \_\_\_\_\_  
First Middle Initial Last

Address \_\_\_\_\_  
Street address

City Zip code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Are you 18 or older?  Yes  No \*If no, please complete a teen volunteer application

### In case of emergency, please notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_

## • OCCUPATION/ EDUCATION

Employment Status:  Employed  Retired  Homemaker  Student  Seeking Employment

Current or Last employer \_\_\_\_\_

Position \_\_\_\_\_ Length of Time worked \_\_\_\_\_

Education level \_\_\_\_\_ Degree \_\_\_\_\_ Major \_\_\_\_\_

Practicum/Internships \_\_\_\_\_

## • VOLUNTEER EXPERIENCE

Organization \_\_\_\_\_ Length of Service \_\_\_\_\_

Roles/Duties \_\_\_\_\_

Organization \_\_\_\_\_ Length of Service \_\_\_\_\_

Roles/Duties \_\_\_\_\_

## • REFERENCES (Please provide all information requested for 3 people other than family members)

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street address City State Zip code

Phone \_\_\_\_\_ Length of time known \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street address City State Zip code

Phone \_\_\_\_\_ Length of time known \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street address City State Zip code

Phone \_\_\_\_\_ Length of time known \_\_\_\_\_

● **SPECIAL SKILLS** (Please check all that apply)

Computer:  Data entry  Word processing  Programming  Excel

Clerical  Public speaking  Training  Other \_\_\_\_\_

What language(s) other than English do you:

Speak \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_

What special interests/talents do you have that may help us to match you with the best volunteer assignment? \_\_\_\_\_

● **VOLUNTEER INTERESTS**

Please describe why you would like to volunteer: \_\_\_\_\_

Please indicate your areas of interest. Check all that apply

**Direct Support** (*Hospice only*)

Patient companionship  Caregiver respite  Light Housekeeping  Meal Preparation  Errands

**Administrative Support** for:  Home Care  Hospice  Either

Office/Clerical duties  Computer  Phone duties  Newsletter  Mailings  Errands

**Fundraising/Community Outreach** (*Hospice only*)

Mailings  Health Fairs  Participate in fundraising activities

**Bereavement Support** (*Hospice only*)

Caregiver visits  Telephone support  Errands

● **SCHEDULE PREFERENCE** (Please indicate days and times that you are available to volunteer)

Hours available per week \_\_\_\_\_ Anticipated length of commitment \_\_\_\_\_

● **REFERRAL SOURCE** (Please check how you learned about volunteering with St. John Home Care/Hospice)

Internet search  St. John Publication  Newspaper  Volunteer Match  United Way

Church/Temple  Poster/Flyer  St. John.org  School  Word of Mouth

Other (please explain) \_\_\_\_\_

● **BACKGROUND INFORMATION** *\*if you have been convicted of a criminal offense, it will not necessarily be held against you*

Have you ever been convicted of a criminal offense?  No  Yes  Misdemeanor  Felony

If yes, please explain \_\_\_\_\_

I certify that all responses on this document are true to the best of my knowledge. I agree that this information may be verified and references contacted by the St. John Health System. I understand that any misrepresentation of information constitutes cause for separation or termination from volunteer service. I also consent and authorize St. John Health to conduct a background check, including past employment history/volunteer history, criminal record and other persons or sources as appropriate for the volunteer positions in which I have expressed an interest.

Signature: \_\_\_\_\_ Date \_\_\_\_\_