



## Volunteer Application

### Personal Information

<b>Today's Date</b>	
<b>Full Name</b>	
<b>Preferred Name</b>	
<b>Phone Number</b>	
<b>Alternate Phone Number</b>	
<b>Email Address</b>	
<b>Street Address</b>	
<b>Best Way to Contact You</b>	
<b>Best Time to Contact You</b>	

### Employment Information

<b>Employer</b>	
<b>Occupation</b>	

### Additional Questions

<b>What days / times are you available to volunteer?</b>	
<b>When are you available to start?</b>	
<b>Have any close family members been on hospice in the recent past?</b>	
<b>Do you have any special skills that might be useful for the shop/organization?</b>	
<b>With what other organizations have you volunteered?</b>	
<b>What hobbies do you enjoy?</b>	



## Volunteer Application

### References

Please Provide Three References (No Family Members Please):

	Name	Phone Number	Email Address	Relationship to You
1.				
2.				
3.				

**To submit your application by mail, please mail it to:**

Hearts for Hospice  
 PO Box 1435  
 Springfield, OR 97477

**To submit your application in person, please bring it to the Hearts for Hospice Shop located at:**

Hearts for Hospice  
 444 Main St.  
 Springfield, OR 97477  
 Hours: Wed through Sat, 10 am - 4 pm

*Hearts for Hospice reserves the right to accept or deny volunteer applicants.*

*Hearts for Hospice does not discriminate on the basis of ethnicity, nationality, place or origin, religion, gender, sexual orientation, marital status, economic status, age, or mental or physical disability.*