



# VOLUNTEER APPLICATION

Please fill out this application & mail it to:

Harriet Hawkins, Director of Volunteers

5600 W 12<sup>th</sup> Street, Little Rock, AR 72204

Or you may Fax your application to Harriet at 501-748-3301

Name \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employer's Address \_\_\_\_\_

Education \_\_\_\_\_ Civic/Professional membership: \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_

Language(s) Spoken other than English \_\_\_\_\_ Birthday (month) \_\_\_\_\_ (day) \_\_\_\_\_

Other Special Skills/Training: \_\_\_\_\_

### Please answer the following questions

How did you learn about *Arkansas Hospice*? \_\_\_\_\_

Are you familiar with the philosophy and concept of hospice care?  Yes  No

1. In which capacity do you wish to volunteer?

Direct Patient Care

Bereavement

Phone Reception

Office Work

Fund Raising

Data Input

Available as Interpreter

Other

Available Hours per week \_\_\_\_\_  Days  Evenings  Weekends

Please share any life experiences or personal characteristics that especially qualify you for hospice work:

\_\_\_\_\_  
\_\_\_\_\_

Emergency Name/Number: \_\_\_\_\_

2<sup>nd</sup> Emergency Name/Number \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PERSONAL REFERENCES:**

Name: \_\_\_\_\_ Name \_\_\_\_\_  
Address: \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
Occupation \_\_\_\_\_ Occupation \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone \_\_\_\_\_  
Email: \_\_\_\_\_ Email \_\_\_\_\_  
Relationship: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Occupation \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship \_\_\_\_\_

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**FOR OFFICE USE ONLY**

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Proof of Insurance: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Comments: \_\_\_\_\_  
Volunteer Training Date/Trainer \_\_\_\_\_  
Reference #1 Checked \_\_\_\_\_ Comments \_\_\_\_\_  
Reference #2 Checked \_\_\_\_\_ Comments \_\_\_\_\_  
Reference #3 Checked \_\_\_\_\_ Comments \_\_\_\_\_