



Hospice of Charles County Volunteer Application

Name _____ Date _____

Address _____

Street

City

State

Zip

Home Phone _____ Business Phone _____ Cell Phone _____

Occupation _____ Employer _____

Email Address _____ Are you over the age of 18? _____

Gender (optional): **Male** **Female**

Race (optional):

- African American American Indian Asian Hispanic Caucasian
 Other _____

I am interested in becoming a volunteer in these areas (select all that apply):

- Patient Care Inpatient Healing Arts Vigil Spiritual Care
 Pediatric Auxiliary Bereavement Camps Tuck-in
 Driving Patients 4-wheel Drive Office Work Fundraising PR/Outreach
 Special Events Training/Education Community Outreach Other/Not Sure

Are you currently active duty military or a Veteran? Yes No

What Branch? _____ **Did you engage in combat?** Yes No

Would you be open to making a Vet to Vet patient care visit? Yes No

How did you hear about Hospice of Charles County Volunteer Opportunities?

- No Answer Friend/Relative Newspaper
 Church/Community Event Internet Personal Experience
 Hospice Employee Hospice Volunteer Hospice Presentation
 Chesapeake Life Center Other

Education

School	Diplomas/Degrees	Course/Major

Employment

Organization	Your Title	Dates

Volunteer Experience

Organization	Your Function	Dates

Volunteer Training

Organization	Type of Training	Dates

Days and times available for volunteer work:

- Mondays Tuesdays Wednesdays Thursdays Fridays
 Saturdays Sundays Various Overnight Any time

I work/go to school: Full time Part time Retired Other

Why do you want to volunteer? _____

Special Skills:

- Clerical Practical Healing Arts Music Community Outreach
 Languages Visual Arts/Crafts

Do you have any physical or emotional restrictions which might affect your volunteer placement?

Yes No If yes, explain _____

Have you experienced the death of a loved one in the past year? Yes No

Do you have a valid driver's license? Yes No

Do you have access to a car? Yes No

Are you afraid of and/or allergic to dogs, cats or smoke? Yes No

References: Please supply complete information. We will request written references from the people listed below:

Name _____ Phone _____ Occupation _____

Address _____
Street City State Zip

Email Address _____

Name _____ Phone _____ Occupation _____

Address _____
Street City State Zip

Email Address _____

Name _____ Phone _____ Occupation _____

Address _____
Street City State Zip

Email Address _____

With my signature I give Hospice of Charles County permission to conduct a background check and Maryland District Court Search. I understand that my acceptance as a volunteer is predicated on this check and I release Hospice of Charles County and all persons, courts, businesses and/or law enforcement agencies harmless from any and all liability.

COMMITMENT: I am willing to make a minimum one year commitment as an active volunteer with Hospice of Charles County.

Signature of Applicant _____ Date _____