

**HEMET HOSPICE VOLUNTEERS, INC. APPLICATION FORM**

*Thank you for your interest in volunteering for Hemet Hospice. Please complete this form and return to Pearl Hartel, Volunteer Coordinator, at 890 W. Stetson Ave, Suite B, Hemet Ca. 92543*

How did you hear about Hemet Hospice volunteers, Inc.? \_\_\_\_\_  
\_\_\_\_\_

**IDENTIFYING / PERSONAL INFORMATION** (please print)

Name \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

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

City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Seasonal Address ? \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Driver's License or ID # \_\_\_\_\_ Email Address \_\_\_\_\_

Do you have current auto insurance? \_\_\_\_\_

List fluency in languages other than English \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ Define \_\_\_\_\_

**EMERGENCY INFORMATION**

In case of emergency, please contact \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Physician (optional) \_\_\_\_\_ Phone # \_\_\_\_\_

**PLEASE CHECK YOUR AREAS OF INTEREST**

- |                                   |                                     |
|-----------------------------------|-------------------------------------|
| _____ Office Support Volunteer    | _____ Youth Bereavement Volunteer   |
| _____ Patient Support Volunteer * | _____ Adult Bereavement Volunteer * |
| _____ Hospice Store Volunteer     | _____ Speaker's Bureau Volunteer    |
| _____ Arts & Crafts Volunteer     | _____ Furniture Warehouse Volunteer |
| _____ General Support Volunteer   | _____ Estate Sales Volunteer        |

(\* Training through Ramona VNA & Hospice)

**PLEASE INDICATE YOUR AVAILABILTY**

- |                  |            |          |
|------------------|------------|----------|
| _____ Mondays    | from _____ | to _____ |
| _____ Tuesdays   | from _____ | to _____ |
| _____ Wednesdays | from _____ | to _____ |
| _____ Thursdays  | from _____ | to _____ |
| _____ Fridays    | from _____ | to _____ |
| _____ Saturdays  | from _____ | to _____ |
| _____ Sundays    | from _____ | to _____ |

Please remind us of any special circumstances that may impact your volunteer assignments. \_\_\_\_\_

My signature below confirms that all of the above data is accurate.

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