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hospiceofcentralpeninsula.com
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## Volunteer Application

Name:_____ Date of Birth:_____

Address:_____

Email:_____

Preferred phone:_____Other phone:_____

Emergency Contact:_____Phone:_____

Please list any professional licenses, certifications, or registrations you have:

_____

_____

_____

_____

Education/special training related to hospice care:

_____

_____

_____

Work/Volunteer Experience:

_____

_____

_____

_____

Other special services/skills (art, music, foreign languages, grant writing, etc.):

_____

_____

_____

_____

Have you experienced a personal loss (divorce, family/friend/pet) death? (If yes, type of loss and how long ago):

_____

_____

_____

Have you experienced any other life-altering challenges? Please explain:

_____

_____

_____

Do you have a current driver's license and proof of insurance? _____

Have you ever been convicted of a felony? _____

Please list any allergies (food, animal, medication):

_____

_____

_____

Type of volunteer role you are interested in (circle all that apply):

Direct Care  Office/Loan Closet  Fundraising  Board of Directors

Camp Mend-A-Heart  Community Outreach  Bereavement

Two personal references (excluding family members):

Name:_____

Phone Numbers:_____

Address:_____

Name:_____

Phone Numbers:_____

Address:_____

**A background check through the State of Alaska is required of all volunteers, along with a T.B. test. Hospice of the Central Peninsula covers the cost of background checks and TB testing.**

Thank you for your interest in volunteering for Hospice of the Central Peninsula. Please read and sign below:

I,_____, certify that the information I provided in this application is true and complete to the best of my knowledge. I authorize Hospice of the Central Peninsula to contact my previous employers, provided references, and other resources to investigate any of the facts stated in this application. I specifically waive prior written notice of disclosure of any personnel record information, including disciplinary reports, letters of reprimand, or other disciplinary actions. In consideration of acceptance of my application, I release Hospice of the Central Peninsula and my previous employers of any claimed liability arising out of such response and disclosure.

Printed Name:_____

Signature:_____Date_____