



VOLUNTEER APPLICATION

To Applicant: We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PLEASE PRINT CLEARLY

Name _____
Address _____
City/State/Zip _____
E-mail: _____

Date: _____
Date of Birth _____
Telephone: (Home) _____
(Work/Cell) _____

Have you ever volunteered for a hospice before? Yes _____ No _____ If yes, when? _____ What did you do?
How did you hear about us? Website _____ Friend _____ Other _____

WORK/VOLUNTEER EXPERIENCE

What type of work/volunteer experience or community involvement have you had, and for how long?

1	Organization	Dates		Duties Performed
		From	To	

May we contact the above as a reference? Yes No

2	Organization	Dates		Duties Performed
		From	To	

May we contact the above as a reference? Yes No

REFERENCES

- _____
(Name & Occupation) (Phone) (Address)
- _____
(Name & Occupation) (Phone) (Address)
- _____
(Name & Occupation) (Phone) (Address)

If you need additional space, please continue on a separate sheet of paper

We guarantee confidentiality to our patients and families. Would you be able to honor that guarantee? Yes No
Have you been convicted of a crime other than a minor traffic violation? (Note: a "Yes" answer will not necessarily prohibit you from volunteering.) Yes _____ No _____ If yes, explain _____

We are required to run background checks on all volunteers and employees of Hospice of the Red River Valley. Direct patient contact is contingent on the receipt of an approved background study.

By signing this application, I hereby verify the above information to be accurate, and give Hospice of the Red River Valley permission to contact my references, unless noted otherwise in the Work/Volunteer Experience section.

Signature of Applicant

Date