

Volunteer Application



Name: _____ Date: _____

Address: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

Education/Special Training: _____

Clerical Experience: _____

Special Interest/Hobbies: _____

Please check areas that are of interest to you:

_____ Direct (Assisting with patients and/or families one-on-one)

_____ Indirect (Clerical, fundraising, special projects, yard work)

This section to be completed only if you are interested in direct assistance to patients/families:

State briefly why you want to be a volunteer for Southeast Hospice: _____

Have you had any personal experience with someone who is terminally ill? Yes No

If yes, please briefly describe: _____

Please list two unrelated references:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name of Auto Insurance: _____ Coverage & Limit: _____

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses?

Yes No If yes, describe in full: _____

The preceding statements are true and correct to the best of my knowledge, and I authorize release of this information to Southeast Hospice for the information requested on this application.

Signature: _____ Date: _____

Mail to: Southeast Hospice, Attention: Lynn Boren, BSW, #10 Doctors' Park, Cape Girardeau, MO 63703