



# VOLUNTEER APPLICATION FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City Zip

Area Code/Phone: Home ( \_\_\_\_\_ ) \_\_\_\_\_ Work ( \_\_\_\_\_ ) \_\_\_\_\_

Area Code/Phone: Cell ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Have you ever been convicted of a felony or of any misdemeanor involving theft, dishonesty or moral turpitude? (A conviction will not necessarily bar volunteering.)  Yes  No

If yes, give dates and offenses: \_\_\_\_\_

*(All staff will be subject to a criminal background check.)*

Driver's License # \_\_\_\_\_

### In emergency, please notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### REFERENCES *(Do not list relatives)*

**Please list COMPLETE MAILING ADDRESSES including ZIP CODES and phone numbers for both references. References are mailed and responses from both references are necessary to complete your file.**

#### Reference #1:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Area Code/Phone: Home ( \_\_\_\_\_ ) \_\_\_\_\_ Work ( \_\_\_\_\_ ) \_\_\_\_\_

#### Reference #2:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Area Code/Phone: Home ( \_\_\_\_\_ ) \_\_\_\_\_ Work ( \_\_\_\_\_ ) \_\_\_\_\_

**Hospice of the Western Reserve and the volunteer applicant acknowledge that the training classes are a time of exploration and attendance does not guarantee volunteer placement.**