

# Volunteer Application

## Personal Information

Date \_\_\_\_\_

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

Phone #: (\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Business Address: \_\_\_\_\_  
Street City State Zip

Business Phone #: (\_\_\_\_) \_\_\_\_\_

## Skills and Talents

I have the following areas of experience or expertise to share as a hospice volunteer:

- |   |   |                                     |
|---|---|-------------------------------------|
| <input type="checkbox"/> Typing                       | <input type="checkbox"/> Word Processing              | <input type="checkbox"/> Artwork    |
| <input type="checkbox"/> Data Entry                   | <input type="checkbox"/> Answering Phones             | <input type="checkbox"/> Filing     |
| <input type="checkbox"/> Writing                      | <input type="checkbox"/> Calligraphy                  | <input type="checkbox"/> Baking     |
| <input type="checkbox"/> Photography                  | <input type="checkbox"/> Public Speaking              | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Carpentry                    | <input type="checkbox"/> Home Repair                  | <input type="checkbox"/> Education  |
| <input type="checkbox"/> Lawn Care                    | <input type="checkbox"/> Auto Repair                  | <input type="checkbox"/> Sewing     |
| <input type="checkbox"/> Hair Care                    | <input type="checkbox"/> Dental Care                  | <input type="checkbox"/> Pet Care   |
| <input type="checkbox"/> Computer Hardware / Networks | <input type="checkbox"/> Computer Software / Training |                                     |
| <input type="checkbox"/> Business Operations: _____   |   |                                     |
| <input type="checkbox"/> Foreign Language: _____      |   |                                     |
| <input type="checkbox"/> Entertainment: _____         |   |                                     |
| <input type="checkbox"/> Counseling: _____            |   |                                     |
| <input type="checkbox"/> Healthcare: _____            |   |                                     |

- I would like to volunteer and work directly with patients and/or family.
- I would like to volunteer in an administrative role such as special projects, office work, etc.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date