

# VOLUNTEER APPLICATION

**All questions must be answered completely for this application to be considered.**  
(Please Print)

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ May we contact you at work? Y N

Email Address \_\_\_\_\_

## Volunteer History

Name of Agency	Dates	Describe Duties

Has someone close to you passed away within the past 12 months? Y N

If yes, please explain the circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you want to volunteer for FAIRHOPE Hospice & Palliative Care, HOME OF THE PICKERING HOUSE?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Time Available to Volunteer (circle all that apply)

Days                      Evenings                      Overnight                      Weekends

## Areas of Interest (circle all that apply)

Inpatient              Home Care              Nursing Home              Other

Office Support              Community Outreach              Events              Fundraising

## Military Service

Have you served in the United States Armed Forces? Y N

If yes, what branch, when: \_\_\_\_\_

**Criminal History**

Have you ever been convicted of a drug-related offense?      Y      N

If yes, please provide details explaining what drug or substance, when used, for how long and for what reason: \_\_\_\_\_

Have you ever been convicted of a crime?      Y      N

If yes, please provide details below.

Type of crime \_\_\_\_\_

Date of conviction \_\_\_\_\_ State/County \_\_\_\_\_

**References (Two non-family members)**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Relationship \_\_\_\_\_ Years known? \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Relationship \_\_\_\_\_ Years known? \_\_\_\_\_

*If selected to be a volunteer with FAIRHOPE Hospice & Palliative Care, Home of The Pickering House, I am willing to make a one-year commitment and will successfully complete mandatory volunteer training.*

*I also certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for my volunteer role as may be necessary as well as any and all references.*

*I understand that this volunteer application shall be considered to be an active application for 60 calendar days after submitted. If I wish to be considered as a potential volunteer of FAIRHOPE Hospice & Palliative Care, Inc. beyond that time, a new and updated application must be submitted.*

*I understand that false or misleading information given in my application or interview(s) may result in discharge from my volunteer role. I also understand that I am required to abide by all rules and regulations of this agency.*

*By submitting your application, you certify that you have read and accept the above statements.*

**PRINT NAME** \_\_\_\_\_

**Signature** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Please return completed application to:** FAIRHOPE Hospice & Palliative Care, Inc., Attn. Volunteer Manager  
282 Sells Rd · Lancaster OH 43130 · volunteer@fairhopehospice.org