

PRIME CARE HOSPICE, LLC.

4225 W. Glendale Ave., Suite A-200

Phoenix, AZ 85051

Tel: (623)847-2323 ~ Fax: (623)847-2626

Application for Volunteer Services

PLEASE PRINT NAME (LAST, FIRST, M.I.)

DATE

POSITION(S) APPLYING FOR

IT IS THE POLICY AND PRACTICE OF PRIME CARE HOSPICE TO RECRUIT, HIRE, AND PROMOTE QUALIFIED APPLICANTS WITHOUT REGARD TO THEIR RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, AGE, NATIONAL ORIGIN, DISABILITY, VETERAN STATUS OR OTHER AREAS COVERED BY FEDERAL, STATE AND LOCAL FAIR EMPLOYMENT LAWS AND REGULATIONS. EQUAL ACCESS TO PROGRAMS, SERVICES AND EMPLOYMENT IS AVAILABLE TO ALL PERSONS. THOSE APPLICANTS REQUIRING REASONABLE ACCOMMODATIONS TO THE APPLICATION OR INTERVIEW PROCESS SHOULD NOTIFY A REPRESENTATIVE OF THE HUMAN RESOURCES DEPARTMENT.

04/2010



VOLUNTEER SERVICES APPLICATION

Note: All information in this application will be kept strictly confidential, and shall be used only in the management of Prime Care Hospice services and programs.

LAST NAME: _____ FIRST NAME: _____ MI: _____

ADDRESS: _____

CITY	STATE	ZIP
------	-------	-----

HOME PHONE:(____)____ - _____ CELL PHONE:(____)____ - _____

FAX:(____)_____ E-MAIL _____

EMPLOYER: _____ WORK PHONE:(____)____ - _____

OCCUPATION: _____ FULL TIME PART TIME

DATE OF BIRTH: _____

AVAILABILITY

During which hours are you available for volunteer assignments?

- | | |
|------------------------|------------------------|
| ___ Weekday mornings | ___ Weekend mornings |
| ___ Weekday afternoons | ___ Weekend afternoons |
| ___ Weekday evenings | ___ Weekend evenings |

Please indicate if you are able to communicate fluently in:

- English Spanish American Sign Other _____

SPECIAL SKILLS OR QUALIFICATIONS

Summarize experiences which you believe could be helpful to you as a hospice volunteer, i.e., schooling, work, lay experience, office skills, arts and crafts, etc.

PERSONAL INFORMATION

Have you done volunteer work in the past? Yes No

If yes, please describe: _____

Who referred you to Prime Care Hospice? _____

Have you had experience with terminally ill people? Yes No

If yes, explain: _____

Has someone close to you recently died? Yes No

If yes, when? _____ _____
 MONTH YEAR

Why do you want to become a hospice volunteer?

REFERENCES

Please list two references who are not relatives:

NAME: _____

PHONE NUMBER: (____)____ - _____

NAME: _____

PHONE NUMBER: (____)____ - _____

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name _____ Relationship _____

Street Address _____

City, ST, Zip Code _____

Cell Phone _____

Work Phone _____

E-mail _____

AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed) _____

Signature _____

Date _____

OUR POLICY

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Volunteer signature

Date

Volunteer coordinator

Date

Prime Care Hospice does not discriminate on the grounds of race, color, religion, sex, age, handicap or national origin.

