

**VOLUNTEER APPLICATION**

**PERSONAL INFORMATION**

Date \_\_\_\_\_

Name \_\_\_\_\_

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

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

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

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

**SKILLS AND TALENTS**

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

- Typing
- Word Processing
- Art Work
- Data Entry
- Answering Phones
- Filing
- Writing
- Calligraphy
- Baking
- Photography
- Public Speaking
- Child Care
- Carpentry
- Home Repair
- Education
- Lawn Care
- Auto Repair
- Sewing
- Hair Care
- Dental Care
- Pet Care
- Computer Hardware/Networks
- Computer Software/Training
- Business Operations: \_\_\_\_\_
- Foreign Language: \_\_\_\_\_
- Entertainment: \_\_\_\_\_
- Counseling: \_\_\_\_\_
- 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: \_\_\_\_\_