



PO Box 1434
Friday Harbor, WA 98250
360.472.0322

VOLUNTEER APPLICATION

Please print

Today's Date: _____

Name:

Date of birth:

E-mail Address:

Mailing Address:

Phone (home) _____ (cell) _____ (work) _____

In case of an emergency, notify _____ Phone _____

Why do you wish to volunteer with Hospice of San Juan?

Education/Special Training:

Present Occupation/Employer:

Describe any work or other experiences that you feel have prepared you to be a Hospice of San Juan Volunteer:

What personal characteristics will enable you to work with people who are facing a terminal illness?

Days of the week and times of day/evening available:

Do you have a current driver's license? Yes/No (please circle)

Do you have automobile minimum personal liability coverage as required by the State of Washington? Yes/No (please circle)

Personal or Professional References (do not include family/spouse)

Name _____ Phone _____

Relationship _____

Name _____ Phone _____

Relationship _____

Is there anything that will affect your ability to perform the duties of the position you are applying for that we need to be aware of, i.e., allergies; can't lift over 20 lbs. etc.)?

How did you hear about volunteering for Hospice of San Juan: Family/Friend _____

Brochure ____ Other Hospice Volunteer ____ Internet ____ Other (specify) _____

Please provide any additional information or comments:

Declaration: I hereby certify that the statements made on this application are true and correct to the best of my knowledge. I understand that by submitting this application I authorize Hospice of San Juan to make inquiries concerning my employment, character and public records for the purpose of determining my suitability as a volunteer. I further authorize Hospice of San Juan to conduct a DMV and criminal background check in order to protect the safety of the organization's patients, family members, and other volunteers.

Signature _____ Date _____

Send this completed application to PO Box 1434, Friday Harbor WA 98250