

**Trinity Hospice  
VOLUNTEER APPLICATION**



Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Street City State Zip Code

Employer, if applicable: \_\_\_\_\_ Work Phone: \_\_\_\_\_

May we contact you at work?  Yes  No

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name Relationship

Church Affiliation: \_\_\_\_\_ Parish: \_\_\_\_\_

Work skills, interests, hobbies: \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

Organizations or clubs you belong to: \_\_\_\_\_

Describe any health conditions which may affect the type of work you do: \_\_\_\_\_

References: 1) \_\_\_\_\_ Phone: \_\_\_\_\_  
 (non-relative) 2) \_\_\_\_\_ Phone: \_\_\_\_\_

Hours Available to Volunteer:

	A.M.	P.M.	Evening
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Site preferred: \_\_\_\_\_  Trinity Homes  
 \_\_\_\_\_  Patient Home

Your e-mail address: \_\_\_\_\_

Background Check:

Previous names, alias: \_\_\_\_\_

SSN: \_\_\_\_\_

Middle name: \_\_\_\_\_

All states you have lived, educated, and worked \_\_\_\_\_

Comments: \_\_\_\_\_

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_