



Suburban Hospice Inc.
Kindness. One person at a time.

Volunteer Application Form

Greetings! Thank you so much for your interest in volunteering for Suburban Hospice! Volunteers provide valuable and much-needed services for our agency as well as for patients and their families.

Please complete this application and send it to Katherine Murray, Supportive Services & Volunteer Coordinator at kmurray@suburbanhospice.org. You can also print and mail the completed application to the attention of Katherine at Suburban Hospice, 801 N. State Street, Greenfield, IN 46140.

=== CONTACT INFORMATION ===

First name: Last name: Middle:

Address:

City: State: ZIP Code:

Home phone: Cell phone:

Email address:

=== ELIGIBILITY ===

1. Have you ever been convicted or pleaded guilty to a crime or misdemeanor? If yes, please explain below. (Such acts are not an absolute bar to volunteering, but will only be considered, in relation to specific assignments.)

2. Do you have any unresolved criminal or misdemeanor actions now pending against you? If yes, please explain.

=== AVAILABILITY ===

3. Please indicate the days and times you are usually available to volunteer.

Sun Mon Tue Wed Thu Fri Sat

Morning

Afternoon

Evening

4. How many hours per month would you like to volunteer? (Average 4-8 hours):

=== EMAIL PREFERENCES ===

5. Which kinds of email would you like to receive?

- Electronic newsletters Volunteer opportunities Schedule reminders

=== VOLUNTEER EXPERIENCE & INTERESTS ===

6. Have you served in a volunteer role before? Yes No [If yes, please list your experience]

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7. How did you hear about volunteering at Hancock Regional Hospital?

8. What type of volunteering are you most interested in?

- Administrative tasks [filing, coping]
- Visiting with patients
- Helping with practical tasks [shopping, dog walking, light housework]
- Creative visits [art, music, gardening activities]
- Support for caregivers
- Other expertise or interest: _____

=== REFERENCES ===

Please list three references (full name, address, phone, email address, and relationship) who are not relatives [for example, employer, former employer, minister]:

- 1.
- 2.
- 3.

=== EMERGENCY CONTACT ===

In the case of an emergency, contact:

First name:
Last name:
Home phone:
Cell phone:
Relationship:

=== DEMOGRAPHIC INFORMATION ===

You may optionally provide the following information to help us get a better idea of the demographic make-up of our volunteers.

Your date of birth:
Gender:
Education:

=== ACKNOWLEDGMENT ===

I hereby certify that all information contained in this application is true and correct to the best of my knowledge.

I authorize the investigation of all statements contained in this application as may be necessary in arriving at a volunteer assignment decision, including reference checks and a criminal history background check.

I understand that, in the event of being accepted as volunteer, false and misleading information given through my application or interview(s) may result in discharge.

I Agree I Do Not Agree

Name [please print]

Name [signature]

Date:

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[FOR OFFICE USE ONLY]

Date Received: By: Supervisor Approval: