



# Volunteer Application

3801 Vanesta Drive Manhattan, KS 66503

785-537-0688 or 800-748-7474

Homecare & Hospice, Inc. does not discriminate as to race, color, gender, sexual orientation, age, religion, national origin, political belief, mental or physical handicap, veteran status, or any other preference or personal characteristic, or decision regarding advance directives.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(First) (M.I.) (Last)

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

Phone#: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Emergency Contact & Phone #: \_\_\_\_\_

Have you ever been convicted of any criminal offense?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you experienced the loss of a loved one within the past 12 months?  Yes  No

If yes, please explain: \_\_\_\_\_

### Volunteer Areas of Interest (Please check as many areas that interest you)

- Companionship/Respite Care
- Client Transportation/Errands Assistance
- Baking/Shopping/Lunch Prep at Hospice House
- Community Activities
- Office Support
- Other: \_\_\_\_\_

### Hours and Days available to work: (please circle and indicate times)

S M T W Th F S  Morning  Afternoon  Evening  Other: \_\_\_\_\_

How did you become interested in volunteering for Homecare & Hospice?

What are your primary interests and responsibilities (i.e. hobbies, work, family, school)?

What experiences, training, and personal characteristics do you have that you believe would be useful to you as a Home Health and/or Hospice volunteer?

### References, please list two:

\_\_\_\_\_  
Name Address Phone

\_\_\_\_\_  
Name Address Phone

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date