## **APPLICATION FOR VOLUNTEERING**

**PRINT IN BLACK INK OR TYPE.** These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA." Do not leave questions blank. Be sure to sign when completed.

All qualified applicants are considered regardless of race, religion, color, age, sex, sexual orientation, gender identity, marital status, nationality, veteran status or disability.



## APPLICANT INFORMATION

Street Address       Social Security Number         City       State       ZIP         Phone Number       E-mail Address       ZIP         Employer       E-mail Address       For the second sec	First Name		Last Name			M.I.	Date		
Phone Number       E-mail Address         Employer       E-mail Address         Street Address       Phone Number         City       State         Phone Number         City       State         SKILLS AND TALENTS         I have the following areas of experience or expertise to share as a hospice volunteer (check all that apply):         Typing       Word Processing         Data Entry       Answering Phones         Photography       Public Speaking         Photography       Public Speaking         Carpentry       Home Repair         Education       Sewing         Hair Care       Dental Care         Singing / Play Instrument       Computer Software/Training							, , , , , , , , , , , , , , , , , , , ,		
Number       E-mail Address         Employer       Employer         Street       Address         Address       Phone         Number       Number         City       State       Zip         SKILLS AND TALENTS         I have the following areas of experience or expertise to share as a hospice volunteer (check all that apply):         Typing       Word Processing       Art Projects/Crafts         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         Singing / Play Instrument       Computer Software/Training       Computer Hardware/Networks	City		State	State		ZIP			
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<ul> <li>Business Operations:</li> <li>Foreign Language:</li> <li>Entertainment:</li> <li>Counseling:</li> <li>Healthcare:</li> <li>Other hobbies or interests that you would like to share with a patient:</li></ul>	<ul> <li>Data Entry</li> <li>Writing</li> <li>Photography</li> <li>Carpentry</li> <li>Lawn Care</li> <li>Hair Care</li> <li>Singing / Play Instrument</li> <li>Business Operations:</li> <li>Foreign Language:</li> <li>Entertainment:</li> <li>Counseling:</li> <li>Healthcare:</li> </ul>		<ul> <li>Answering F</li> <li>Calligraphy</li> <li>Public Speat</li> <li>Home Repating</li> <li>Auto Repair</li> <li>Dental Care</li> <li>Computer S</li> </ul>	Answering Phones Calligraphy Public Speaking Home Repair Auto Repair Dental Care Computer Software/Training			<ul> <li>Filing</li> <li>Baking</li> <li>Child Care</li> <li>Education</li> <li>Sewing</li> <li>Pet Care</li> </ul>		

□ 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.

Applicant's Name (please print)

Signature of Applicant

Divinity Hospice, LLC 5601 Bridge Street, Suite 300 Fort Worth, TX 76112 (817) 492-7020 Fax: (817) 492-7019

Today's date