

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

| | | | | |
|----------------|------------------------|-----|------|------|
| First Name | Last Name | | M.I. | Date |
| Street Address | Social Security Number | | | |
| City | State | ZIP | | |
| Phone Number | E-mail Address | | | |
| Employer | | | | |
| Street Address | Phone 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):

- | | | |
|--|---|---|
| <input type="checkbox"/> Typing | <input type="checkbox"/> Word Processing | <input type="checkbox"/> Art Projects/Crafts |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Answering Phones | <input type="checkbox"/> Filing |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Calligraphy | <input type="checkbox"/> Baking |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Home Repair | <input type="checkbox"/> Education |
| <input type="checkbox"/> Lawn Care | <input type="checkbox"/> Auto Repair | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Hair Care | <input type="checkbox"/> Dental Care | <input type="checkbox"/> Pet Care |
| <input type="checkbox"/> Singing / Play Instrument | <input type="checkbox"/> Computer Software/Training | <input type="checkbox"/> Computer Hardware/Networks |
| <input type="checkbox"/> Business Operations: | | |
| <input type="checkbox"/> Foreign Language: | | |
| <input type="checkbox"/> Entertainment: | | |
| <input type="checkbox"/> Counseling: | | |
| <input type="checkbox"/> Healthcare: | | |
| <input type="checkbox"/> Other hobbies or interests that you would like to share with a patient: _____ | | |
| _____ | | |
| _____ | | |

- 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

Today's date

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