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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Address Number City State Zip SKTILLS AND TALENTS Zip I have the following areas of experience or expertise to share as a hospice volunteer (check all that apply): Art Projects/Crafts 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	Employer	r							
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 Data Entry Data Entry Answering Phones Filing Filing Calligraphy Baking Child Care 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 	I have the following areas of experience or expertise to share as a hospice volunteer (check all that apply):								
 Business Operations: Foreign Language: Entertainment: Counseling: Healthcare: Other hobbies or interests that you would like to share with a patient:	 Data Entry Writing Photography Carpentry Lawn Care Hair Care Singing / Play Instrument Business Operations: Foreign Language: Entertainment: Counseling: Healthcare: 		 Answering F Calligraphy Public Speat Home Repating Auto Repair Dental Care Computer S 	Answering Phones Calligraphy Public Speaking Home Repair Auto Repair Dental Care Computer Software/Training			 Filing Baking Child Care Education Sewing Pet Care 		

□ 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