



Alive Hospice, Inc. Volunteer Application

We consider volunteer applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, marital or veteran status, or any other legally protected status.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Phone # _____ Work Phone # _____ (when is the best time
To call? _____)

Cell Phone # _____ E-Mail _____ **Are you over 18? Yes No**
(If under 18, complete back of application)

OCCUPATION:

Have you experienced any deaths in your family or those close to you? _____ Yes _____ No

If **yes** please specify your relationship to the person(s) and when they died.

Briefly state why you are interested in volunteering for Alive Hospice Inc:

We need two references:

Name: _____ Name: _____

Address: _____ Address: _____

Phone #'s: _____ Phone #'s _____

How did you hear about the Alive Hospice Inc volunteer program? Friend Newspaper
 Radio Television Pryor use of hospice service Other _____

Signature: _____ Date: _____

Alive Hospice, Inc. feel's that volunteering is a vital part of the I development of youth. But we do not want to interfere with academic studies. Therefore, we ask parents and school counselors to inform us if volunteering affects academic studies.

PARENTS/GUARDIAN TO COMPLETE:

I give permission for my son/daughter to volunteer with Alive Hospice Inc.

Parent Name (please print): _____

Phone Number(s): Home: _____ Work: _____ Cell: _____

Signature of Parent/Guardian

Date

Comments: _____

SCHOOL COUNSELOR TO COMPLETE:

Year of Graduation: _____ GPA: _____ (MUST BE 3.0 or greater)

Name of School: _____

Phone Number: _____

Counselor Name (please print) _____

Counselor Signature: _____

Comments: _____

