



Date Rec'd: _____
Initials: _____

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: _____

Phone #: Home _____ Work _____ Cell _____

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

Are you a Veteran? Yes No – Would you like to volunteer with Veterans Yes No

Place of Employment or School _____

Occupation: _____ Phone: _____

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

Describe your personal losses within the last two years. Alive Hospice encourages a waiting period of one year for those who have experienced a loss to allow for processing of grief prior to becoming a volunteer.

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

Have you ever been employed by Alive Hospice? No Yes **Position held:** _____ **Date:** _____

Please provide 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

Flyer Facebook Hands on Nashville Health Fairs Volunteermatch.com Other Specify: _____

Signature: _____ Date: _____

Alive Hospice, Inc. feel's that volunteering is a vital part of the 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., and to receive an annual TB Screening test.

Parent Name (please print): _____

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

Child's Date of Birth: _____

Signature of Parent/Guardian

Date

Comments: _____

SCHOOL COUNSELOR TO COMPLETE:

Year of Graduation: _____

Name of School: _____

Phone Number: _____

Counselor Name (please print) _____

Counselor Signature: _____

Comments: _____

