HOSPICE ATLANTA
A Division of Visiting Nurse Health System

FRIENDS OF HOSPICE ATLANTA
VOLUNTEER APPLICATION

Thank you for your interest in becoming a Friends of Hospice Atlanta Volunteer. Please complete the information requested below and return it to our offices.

Date: ______________________________

Name: _____________________________________ Date of Birth (if under 18): _____________________

Street Address: ____

City: ______________________________________ State: _______________ Zip Code: _______________

Home Phone: _________________________________ Work Phone: ________________________________

E-mail Address: ____

Employer: ____

Occupation: ____

In case of emergency, call: ____

Relationship: ____

Home Phone: ______________________________ Work Phone: ___________________________________

List experiences, hobbies, special skills that you are willing to share: _______________________________

List any organizations you belong to: ____

Volunteer work may require walking, bending, some light lifting (under 10 lbs). Do you have health-related problems or physical limitations? If yes, please explain: ___________________

Has someone close to you died? If yes, please explain the circumstances: ___________________________

Why do you want to be a Friends of Hospice Atlanta Volunteer? ___________________________________

How did you hear about Friends of Hospice Atlanta? ____

REFERENCES

Please give complete names, addresses, and telephone numbers for two (2) references from professionals and / or previous volunteer experiences:

1. Name: ____
   Relationship to you: ____________________ Occupation: ______________
   Street address: ____
   City: __________________ State: ______________ Zip: __________

2. Name: ____
   Relationship to you: ____________________ Occupation: ______________
   Street address: ____
   City: __________________ State: ______________ Zip: __________

VOLUNTEEN PROGRAM

Parent / Guardian Name: ______________________________________

Home Phone: ____________________ Work Phone: ________________

<u>All applicants under 18, please complete the following information:</u>

What school do you attend: ___________________________________

Grade: ____________

Why do you want to be a Team Volunteer? ________________________

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