



## Volunteer Program Application

### Personal Information

|   |  |                              |                      |   |
|---|--|------------------------------|----------------------|---|
| Date  | Last Name  | First Name                   | Middle Initial       | I am available to attend class during the:<br><input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Either |
| Home Street Address   |  |                              | City                 | Zip Code  |
| Home Telephone  | Business Telephone   | Email Address                |                      |   |
| Cell Phone Number   | I became aware of the Angela Hospice Volunteer Program through:<br><input type="checkbox"/> Personal hospice experience <input type="checkbox"/> Newspaper ad or article<br><input type="checkbox"/> Friend/family member <input type="checkbox"/> Other |                              |                      |   |
| Employment Status<br><input type="checkbox"/> Employed <input type="checkbox"/> Student<br><input type="checkbox"/> Retired <input type="checkbox"/> Unemployed |  | Present or Former Occupation |                      |   |
| Emergency Contact Name  |  | Contact's Home Phone         | Contact's Cell Phone |   |
| Have you experienced a personal loss within the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No   | If yes, please list dates of death and relationships.  |                              |                      |   |

### Federal Information

|   |  |  |
|---|--|--|
| Are you over the age of 18?<br><input type="checkbox"/> Yes <input type="checkbox"/> No               | If under 18, do you have working papers?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have the legal right to work and remain in the United States?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been convicted of a felony?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, state nature of offense, when, where and disposition.  |  |

### Education History

| Type of School | Name & Location | No. of Yrs. Completed | Did You Graduate? | Subjects Studied and/or Diploma or Degree Received |
|----------------|-----------------|-----------------------|-------------------|--|
| High School    |                 |                       |                   |  |
| College        |                 |                       |                   |  |
| Other          |                 |                       |                   |  |

