

HOSPICE OF THE FINGER LAKES

1130 Corporate Drive
Auburn, NY 13021
(315) 255-2733 · Fax: 252-9080
www.hospiceofthefingerlakes.org

APPLICATION FOR VOLUNTEERS

Please return application to: Hospice of the Finger Lakes, 1130 Corporate Drive, Auburn, NY 13021

Name _____ Date of Birth _____

Address: _____

Phone (Home) _____ (Cell No.) _____ (Work) _____

E-mail: _____

In case of emergency, please contact _____ Phone # _____

Do you have access to a car? _____

Car insurance company and agency: _____

Have you ever been convicted or pleaded guilty to a felony, misdemeanor and/or violation (other than minor traffic violations such as speeding)? No _____ Yes _____

If Yes, please explain: _____

Have you been convicted of a criminal offense related to health care, or listed by Federal or State agencies as debarred, excluded or otherwise ineligible for participation in Federal health care programs? No _____ Yes _____

If Yes, please explain: _____

Brief employment history: _____

Brief volunteering history: _____

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Other interests, training, hobbies that might be helpful _____

How did you hear about Hospice? _____

Why do you want to volunteer for Hospice? _____

What specific training or support do you feel you will need as a volunteer? _____

When/who was the most recent death in your family and/or close friend? _____

Please provide the names of three people we may contact as references. If you are now employed, please include at least one work reference. (Please do not include a relative).

NAME

ADDRESS

PHONE

RELATIONSHIP

Would you be willing to give three or four hours per week as a Hospice Volunteer? _____

Please specify what days of the week and time of day you are available (Circle):

Sun

M

T

W

TH

F

Sat

Morning

Afternoon

Evening

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This application form was developed specifically for Hospice of the Finger Lakes and is confidential. The information will help us to find the kind of work assignment you will most enjoy.

By my signature, I declare that the above information is true and correct as contained in this application.

Date of Application

Signature of Applicant