

Volunteer Application

Personal Information Please use your legal first and last name.

First Name: _____ Middle Initial: _____ Last Name: _____

E-mail: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Phone: () _____ - _____

If seasonal resident, dates you are in Michigan:

From _____ to _____

Street Address: _____ City: _____

State: _____ Zip Code: _____

Emergency Contact Information

Name: _____ Relationship: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Phone: () _____ - _____

Employment History

Are you retired? Yes No Date of Retirement: _____

If employed, place of employment: _____

References Please list three personal references below. Relatives may not be used as references.

Name: _____ Phone: () _____ - _____

Street Address: _____ City: _____

State: _____ Zip Code: _____

Name: _____ Phone: () _____ - _____

Street Address: _____ City: _____

State: _____ Zip Code: _____



Emmanuel Hospice Volunteer Application

References Continued

Name: _____ Phone: () _____-_____

Street Address: _____ City: _____

State: _____ Zip Code: _____

Other Information

Have you ever been convicted of a misdemeanor or a felony, or pled guilty to a crime, entered a pre-trial intervention program or a similar program, been placed on probation for a misdemeanor or felony, regardless of adjudication? Yes No

If you answered "yes" to any of the above questions, please explain:

How did you hear about us?

- EH website EH Facebook Page Another Website Family/Friend Event or workshop
- Other _____

Hours Available

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Position/Activity of interest: _____

How many hours are you willing to volunteer per month? _____

Certify

I certify that information on this application is true and correct, to the best of my knowledge.
I also understand that Emmanuel Hospice is a drug free workplace.

Printed Name: _____ Signature: _____ Date: _____

*Please note that due to state and federal statutes governing hospice and healthcare facilities, we are required to perform background searches on all volunteer candidates. All searches are done confidentially, utilizing government databases. The results of these searches remain strictly confidential.