



Date: \_\_\_\_\_

# Volunteer Application

<b>Submit completed application to:</b> Wings of Hope Hospice, <b>Attn:</b> Volunteer Coordinator 530 Linn St, Allegan, MI 49010 Phone: 269.686.8659 or 800.796.2676			
Name		Email Address	
Street	City	State MI	Zip
Daytime Phone ( ) ( )	Evening Phone ( ) ( )	Cell Phone ( ) ( )	
Emergency Contact Name		Relationship	
Street	City	State	Zip
Phone	Alternate Phone		

### TRAINING OR EDUCATION

(If you are licensed or certified in any area you are willing/able to volunteer in, please include that with a copy of the certificate/license, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EDUCATION

Currently in school  YES  NO School Name \_\_\_\_\_  
Need volunteer hours for school credit? YES NO  
If yes, please state objectives of the course \_\_\_\_\_

\_\_\_\_\_

### SKILLS/HOBBIES

Please list: \_\_\_\_\_

\_\_\_\_\_

### FOREIGN LANGUAGE

So you speak any other languages?  YES  NO If yes, please list \_\_\_\_\_

### EMPLOYMENT HISTORY

Currently employed?  YES  NO  RETIRED Are you employed:  Full time  Part time  
Position held (including position retired from) \_\_\_\_\_

\_\_\_\_\_

### VOLUNTEER HISTORY

What type of volunteering have you done? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VOLUNTEER OPPORTUNITIES:**

*Check all that interest you:*

<input type="checkbox"/> Patient Care	<input type="checkbox"/> Special Events/Fundraising
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Snow Shoveling
<input type="checkbox"/> Household Chores	<input type="checkbox"/> Yard Work
<input type="checkbox"/> Mailings	<input type="checkbox"/> Other _____
<input type="checkbox"/> Food preparation	
<input type="checkbox"/> Running Errands	

Have you ever been convicted of a crime, including misdemeanors, which have not been annulled, expunged or sealed by a court?

**DEATH**

Have you experienced any deaths within the past year?     YES     NO  
 Please specify your relationship to that person (s) and when they died:

**AVAILABILITY**

How often are you able to volunteer?

1-2 Hours/week     5 or more Hours/week     Some hours monthly     Other \_\_\_\_\_

Are there any specific days/times when you can or cannot volunteer? If so, please specify: \_\_\_\_\_

These are the shift times available:  
 (or what ever you are willing to volunteer)  
 Morning Shift 7am-12pm  
 Afternoon Shift 12pm-5pm  
 Evening Shift 5pm-10pm

**REFERENCES**

Please list two people (excluding family ) that we may contact as a reference. Thank you.

1) Reference Name		Phone		Best time to call	
Street		City		State      Zip	
2) Reference Name		Phone		Best time to call	
Street		City		State      Zip	

*The information I have provided in this Application for Volunteering is true, correct, and complete. I understand that any falsification, misrepresentation or omission of fact will be reason for my not being offered a volunteering position or my dismissal at any time.*

*I authorize Wings Home to check my references. I understand that a background check will be conducted.*

*I understand there will be orientation requirements for any area where I volunteer and appropriate training will be provided. Also, TB testing is required and will be given annually at no charge to me.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Thank you so much for your interest in the Wings Home!  
 Our volunteers are the heart of our organization.**