

## VOLUNTEER VOLUNTARY SKILLS FORM



The Hospice Volunteer program often receives requests for volunteers with specific skills or abilities to speak a particular language or perform a specific job trade, for example. If there is a need for volunteer recruitment in a particular area, this form is designed to provide the information Hospice needs to carry out the work it does. **Providing any or all of the information listed below is strictly voluntary, and all information is confidential.**

### Organizations You Belong To

\_\_\_\_\_ B'nai B'rith  
\_\_\_\_\_ Eastern Star  
\_\_\_\_\_ Exchange Club  
\_\_\_\_\_ Junior League  
\_\_\_\_\_ Knights of Columbus  
\_\_\_\_\_ Lions Club  
\_\_\_\_\_ Order of Masons  
\_\_\_\_\_ Retired Firepersons  
\_\_\_\_\_ Retired Policepersons  
\_\_\_\_\_ Rotary  
\_\_\_\_\_ Veteran  
\_\_\_\_\_ Other (explain) \_\_\_\_\_

### Your Skills

\_\_\_\_\_ Carpentry  
\_\_\_\_\_ Electrical  
\_\_\_\_\_ Plumbing  
\_\_\_\_\_ Gardening  
\_\_\_\_\_ Painting  
\_\_\_\_\_ Sewing  
\_\_\_\_\_ Calligraphy  
\_\_\_\_\_ Pet Care  
\_\_\_\_\_ Hair Care  
\_\_\_\_\_ Nail Care  
\_\_\_\_\_ House Cleaner  
\_\_\_\_\_ Other (explain) \_\_\_\_\_

### Your Profession

\_\_\_\_\_ Attorney  
\_\_\_\_\_ Educator  
\_\_\_\_\_ Administrator  
\_\_\_\_\_ Researcher  
\_\_\_\_\_ Engineer  
\_\_\_\_\_ Physician  
\_\_\_\_\_ Clergy  
\_\_\_\_\_ Child Care Worker  
\_\_\_\_\_ Musician  
\_\_\_\_\_ Artist  
\_\_\_\_\_ Librarian  
\_\_\_\_\_ Fireperson  
\_\_\_\_\_ Policeperson  
\_\_\_\_\_ Architect  
\_\_\_\_\_ LPN  
\_\_\_\_\_ RN  
\_\_\_\_\_ HHA, Certified  
\_\_\_\_\_ Social Worker  
\_\_\_\_\_ Public Relations  
\_\_\_\_\_ Grant Writer  
\_\_\_\_\_ Insurance  
\_\_\_\_\_ Sales  
\_\_\_\_\_ Finance  
\_\_\_\_\_ Secretarial/Clerical  
\_\_\_\_\_ Other (explain) \_\_\_\_\_

### Office Skills

\_\_\_\_\_ Clerical  
\_\_\_\_\_ Typing  
\_\_\_\_\_ Word Processing  
\_\_\_\_\_ Data Entry  
\_\_\_\_\_ Reception  
\_\_\_\_\_ Bulk Mailing  
\_\_\_\_\_ Questionnaires  
\_\_\_\_\_ Record Keeping  
\_\_\_\_\_ Insurance  
\_\_\_\_\_ Taxes  
\_\_\_\_\_ Medicare/Medicaid  
\_\_\_\_\_ Switchboard  
\_\_\_\_\_ Other (explain) \_\_\_\_\_

E-mail address; if you check it at least weekly: \_\_\_\_\_

<b>Business or Personal References (can be personal: must be able to reach at least 2 people)</b>				
<b>Name</b>	<b>Personal or Business Name and Address</b>	<b>Phone Number</b>	<b>Occupation</b>	<b>How Long Known</b>

List below the names of relatives employed by this company and their relationship to you: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING**

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by this company. I authorize the company, its affiliates and their representatives to investigate all information given. I authorize an investigative report to be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends and neighbors or others with whom I am acquainted. I understand and consent to an inquiry that may include information as to my character, general reputation, and personal characteristics, whichever may be applicable. This information may include, but is not limited to, verification of previous employment and employment references, verification of education including requests for transcripts, credit reports, motor vehicle driving records and criminal reports, etc. I hereby release from all liability or responsibility all persons, companies, organizations or corporations furnishing such information.

I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal of acceptance as a volunteer, or dismissal without advance notice.

In the event I am accepted, I understand that all volunteers are subject to termination at the discretion of the company. If, in the event I choose to voluntarily stop volunteering, I am free to do so at any time

In the event of my acceptance as a volunteer, I will comply with all rules and regulations as set forth in the company's policy manual or other communications distributed to all employees and volunteers. I also agree to respect the client's confidentiality. I will attend orientation and training, and I understand that I will begin service on a reciprocal trial basis.

I understand that completion of this form does not guarantee me status as an applicant unless I meet all stated minimum qualifications required for a volunteer.

I have read the above statements and accept them as conditions to volunteering with the company.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date