



VOLUNTEER APPLICATION

Hospice of Dayton and Hospice of Butler & Warren Counties do not discriminate in employment opportunities or practices on the basis of race, color, religion, sex, national origin, age if 40 or over, physical or mental disability, or any other characteristic protected by law. Policy #612



Please fill out this form completely and return via mail or fax 937-781-1318

First Name _____ Middle _____ Last _____

Address _____ City _____ State _____ Zip _____

Phones - Home _____ Cell _____ Work _____

E-Mail _____

Current or Former Employer _____

1. How did you hear about our volunteer program?

- Referred by my employer/co-worker
- Referred by volunteer or employee of The Hospice of Dayton
- Friend
- Advertisement
- Knew patient here _____
Patient Relationship
- Other _____
- Hospice of Dayton Website
- VolunteerConnection.org
- Facebook
- VolunteerMatch.org
- Volunteer Fair

2. Explain your interest in volunteering at hospice.

3. Special skills or training you are willing to share with us

4. Volunteer service to other organizations in the last five years.

Over

5. List three personal references here and complete the top portion of the reference forms. Then give to three persons **NOT** related to you with a pre-addressed envelope. These people should have personal knowledge of your qualifications for this position. Request that these be returned in one week from the date you insert.

Name	Address	Phone	Relationship (not related to you)

Hospice of Dayton, Inc. will also conduct the criminal records check in compliance with HB160 for all volunteer applicants per Policy #658

Signature _____ Date _____

Please send or fax application to:

Volunteer Services Department
 Hospice of Dayton
 Hospice of Butler & Warren Counties
 324 Wilmington Avenue
 Dayton, Ohio 45420
 937-256-4490 Fax 937-781-1318

FOR ADMINISTRATIVE USE

Referred by _____ Date _____

Application Sent _____
