



**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?**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Community Publication                   | <input type="checkbox"/> Hospice of Dayton Foundation                  | <input type="checkbox"/> RSVP (Butler/Warren Co)       |
| <input type="checkbox"/> Facebook                                | <input type="checkbox"/> Hospice of Dayton<br>Special Event/Fundraiser | <input type="checkbox"/> School/Community Organization |
| <input type="checkbox"/> Friend/Neighbor/Co-Worker               | <input type="checkbox"/> Newspaper Advertisement                       | <input type="checkbox"/> Volunteer Fair/Presentation   |
| <input type="checkbox"/> Hospice of Dayton<br>Employee/Volunteer | <input type="checkbox"/> Pet Therapy Program                           | <input type="checkbox"/> VolunteerMatch.org            |
- Knew patient here: \_\_\_\_\_  
Patient Name Relationship
- Other: \_\_\_\_\_

**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.

I have been convicted of a crime?  Yes  No

Date	Crime	Plead	Court Disposition

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

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**FOR ADMINISTRATIVE USE**

Referred by \_\_\_\_\_ Date \_\_\_\_\_

Application Sent \_\_\_\_\_

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