

Seasons Hospice Initial Volunteer Application

Thank you for your interest in becoming a Seasons Hospice volunteer. Please complete the following information and return it to the Director of Volunteer Services, Seasons Hospice, 1811 Greenview Pl SW, Ste 110, Rochester MN 55902 or email it to jelkins@seasonshospice.org.

Last Name: First Name: MI:
Address: City: State: Zip:
Email Address:
Day Phone: Night Phone: Cell Phone:

Date of Birth:

Education (highest level completed, degrees):

Are you presently employed? Full-time Part-time Retired No
 Student (please explain):

Work experience (last two positions):

How did you hear about Seasons Hospice?

Why are you interested in volunteering for Seasons Hospice?

What are your hobbies and special interests?:

What talents/skills would you like to incorporate into your volunteer experience (computer skills, gardening, etc.):

Areas of volunteer interest (check all that apply):

Visiting pts/families Office assistance Grounds/gardens Bereavement Hospitality
 Special events Light cooking Fundraising Speakers bureau Other:

Are you able to volunteer at least 4 hours per month? Yes No

When are you able to volunteer (check all that apply)?:

Weekdays Evenings Weekends Flexible schedule
Seasonal Only (check all that apply): Winter Spring Summer Fall

Are you able to attend a three-day 21 hour volunteer training session during the daytime?

Yes No

Do you have physical limitations? Please explain:

References:

- 1) Name: Relationship:
Address (Street, City, State, Zip):
Day Phone:
- 2) 2) Name: Relationship:
Address (Street, City, State, Zip):
Day Phone:
- 3) Name: Relationship:
Address (Street, City, State, Zip):
Day Phone:

Pease contact me via Email Day phone Cell phone to arrange an interview and to complete the application process with the Director of Volunteer Services.

Signature of Applicant Date: _____

Office Use Only