

A part of the Great Lakes Caring family.

Hospice Volunteer Form

Name: _____ Birth Date: _____

Address: _____

City, State, Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Employer: _____ Occupation: _____

May we contact you at work? Yes No

Do you know a language other than English? Yes No

Language: _____ Speak _____ Read _____ Write _____

Prior Volunteer Experience:

Agency/Organization	Location	Date(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Professional/Academic/Civic Affiliations: _____

Religious Affiliation (optional) _____

Have you suffered a loss within the last year? (Death, Job Change, Relationship, Relocation, Physical/Health) Explain:

Health/physical considerations impacting volunteer assignments (allergies; smoke-free environments; mobility considerations: stairs, distances; night driving, etc):

How did you hear about volunteer opportunities with Great Lakes Caring?

- Senior center Church Newspaper Library Website TV
- Friend (friend's name) _____ Other _____

Why do you want to become a hospice volunteer? _____

What special gifts/talents can you share?

- Time Arts & Crafts Music Reading Companionship Office Work
- Public Speaking Bereavement Support Pet Therapy Massage Therapy Flower Arranging
- Other _____

Have you ever been convicted of a crime? Yes No

If yes, please describe: _____

Do you have access to transportation? Yes No

Availability: S M T W T F S Morning Afternoon Evening

Application Statement

I certify that all information I have provided is true, complete and correct.

I expressly authorize, without reservation, Great Lakes Caring, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and education institutions and to otherwise verify the accuracy of all information provided by me in this application. I hereby waive any and all rights and claims I may have regarding Great lakes Caring, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the volunteer process and all other persons, corporations or organizations for furnishing such information about me.

I understand that Great Lakes Caring does not lawfully discriminate and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for volunteering on any basis prohibited by applicable local, state or federal law.

I also understand I will be required to provide proof of identity. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for volunteering or (ii) may result in my immediate discharge from Great Lakes Caring, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICATION STATEMENT.
 I certify that I have read, fully understand and accept all terms of the foregoing Application Statement.
 Signature of Applicant: _____ Date: _____

Please return this application to: Hospice Volunteer Department

30400 Telegraph Rd., Suite 334, Bingham Farms, MI 48025