Hospice of Gladwin Area

1312 N. State Street, P. O. Box 557, Gladwin, Michigan 48624
(989) 426-4464 FAX: (989) 426-3057
e-mail: hospiceofgladwin@gmail.com

VOLUNTEER APPLICATION

FULL NAME:_____

Home Phone( ) _____ Cell Phone( )_____

STREET & MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____ BIRTHDAY _____/_____/_____

CURRENT EMPLOYER _____

DRIVERS LICENSE NUMBER: _____ SEX M ____ F _____

Have you ever been convicted of charges stemming from: (Please state yes or no.)
Euthanasia (mercy killing)? _____
Use/possession of an illegal drug or alcohol? _____
Theft? _____

EMERGENCY CONTACT: _____

RELATIIONSHIP TO YOU: _____ TELEPHONE NUMBER: _____

SECTION II – EDUCATIONAL DATA (Indicate highest level attained)

HIGH SCHOOL 1 ___ 2 ___3 ___ 4 ___ COLLEGE 1 ___ 2 ___ 3 ___ 4 ___ DEGREE TYPE: _____
GRADUATE STUDIES _____ DEGREE TYPE: _____

PROFESSIONAL TRAINING: _____
_____

SEMINARS/TRAINING IN DEATH EDUCATION: _____
_____

OTHER TRAINING: _____

SECTION III – EXPERIENCE WITH LIFE THREATENIING ILLNESSES

Has any family member/ close friend had a serious illness? _____ Did it result in death? _____
If yes, who and how recently? _____
Please comment on that experience: _____
_____

SECTION IV – REFERENCES

1. Name _____ Address _____

   City, State, Zip _____ Phone _____

2. Name _____ Address _____

   City, State, Zip _____ Phone _____

3. Name _____ Address _____

   City, State, Zip _____ Phone _____

SECTION V – RATIONALE

In order to better acquaint us with yourself, please indicate your reasons for wanting to serve as a Hospice Volunteer. _____

_____

_____

Are you willing and able to participate in the Hospice Training Program (Approx. 20 hours?) _____

I, THE UNDERSIGNED, ATTEST THAT THE INFORMATION ON THIS APPLICATION IS TRUE. I GRANT MY CONSENT FOR HOSPICE OF GLADWIN AREA TO CONTACT THOSE PERSONS LISTED AS PERSONAL REFERENCES AND CONDUCT A BACKGROUND CHECK.

Applicant's signature _____ **Date:** _____

Please return this application as soon as possible to :

Executive Director
Hospice of Gladwin Area, Inc.
PO Box 557
Gladwin, Mi 48624