



**Hospice of Gladwin Area, Inc.**  
1312 N. State, P.O. Box 557, Gladwin, Michigan 48624  
(989) 426-4464, Email: hospiceofgladwin@gmail.com

## Volunteer Application Form (please print)

### SECTION I

Full Name \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Employer: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship to You: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### SECTION II – Educational Data (Indicate highest level attained)

High School: 1\_\_2\_\_3\_\_4\_\_ College: 1\_\_2\_\_3\_\_4\_\_ Degree: \_\_\_\_\_

Graduate Studies: \_\_\_\_\_ Degree: \_\_\_\_\_

Professional Training: \_\_\_\_\_

Seminars/Training in Hospice Education: \_\_\_\_\_

Other Training: \_\_\_\_\_

**SECTION III – References**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**SECTION IV – 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 HGA Training Program (5 hrs)? Y N

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.  
Gladwin, MI 48624