



Asian Network Hospice Volunteer Application

<p>Basic Information</p> <p>Name _____</p> <p>Address _____</p> <p>Phone _____</p> <p>Email _____</p> <p>Birthdate _____</p> <p>Hobbies _____ (If relevant for volunteering or patient visits)</p>	<p>References (No relatives please) (Someone who can describe you as a person)</p> <p>Name _____</p> <p>Relationship _____</p> <p>Phone _____</p> <p>Email _____</p> <p>City, State _____</p> <p>Name _____</p> <p>Relationship _____</p> <p>Phone _____</p> <p>Email _____</p> <p>City, State _____</p>																																
<p>Education (Completed and expected year)</p> <p>School _____</p> <p>Degrees _____</p> <p>Languages _____</p>	<p>Experience</p> <p>Career Focus _____</p> <p>Work _____</p> <p>Skills _____</p> <p>Training _____</p> <p>Volunteer _____</p> <p>Car and Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Availability</th> <th style="width: 15%;">a.m.</th> <th style="width: 15%;">p.m.</th> <th style="width: 50%;">Notes</th> </tr> </thead> <tbody> <tr><td>Monday</td><td></td><td></td><td></td></tr> <tr><td>Tuesday</td><td></td><td></td><td></td></tr> <tr><td>Wednesday</td><td></td><td></td><td></td></tr> <tr><td>Thursday</td><td></td><td></td><td></td></tr> <tr><td>Friday</td><td></td><td></td><td></td></tr> <tr><td>Saturday</td><td></td><td></td><td></td></tr> <tr><td>Sunday</td><td></td><td></td><td></td></tr> </tbody> </table>	Availability	a.m.	p.m.	Notes	Monday				Tuesday				Wednesday				Thursday				Friday				Saturday				Sunday				<p>Volunteer Interests (check all that apply)</p> <p><input type="checkbox"/> Administrative Support</p> <p><input type="checkbox"/> Patient Appreciation</p> <p><input type="checkbox"/> Patient Companionship</p> <p><input type="checkbox"/> Other _____</p>
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<p>In case of emergency, please contact:</p> <p>Name _____</p> <p>Phone # _____</p> <p>Relationship _____</p> <p>Address _____</p>	<p>How did you hear about us? (Explain if possible)</p> <p><input type="checkbox"/> Word of mouth _____</p> <p><input type="checkbox"/> Flyer/Poster _____</p> <p><input type="checkbox"/> Email _____</p> <p><input type="checkbox"/> Website _____</p> <p><input type="checkbox"/> Facebook _____</p> <p><input type="checkbox"/> Other _____</p>																																

I hereby certify that the above information is true and correct to the best of my knowledge. I understand that any false information may result in my termination from the program.

Signature: _____ Date: _____