



Hospice & Palliative Care  
of Greater Wayne County  
2525 Back Orrville Road  
Wooster, OH 44691  
(330) 264-4899 or (800) 884-6547

## VOLUNTEER APPLICATION

Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ Birthday (not year) \_\_\_\_\_

1. In case of emergency notify: \_\_\_\_\_

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

2. Education - What is highest grade completed? \_\_\_\_\_

College degree? \_\_\_\_\_ Special Training? \_\_\_\_\_

3. Current/Most Recent Employer (circle one): \_\_\_\_\_

Business Phone: \_\_\_\_\_ Is it acceptable to call you at work? \_\_\_\_\_

Also list two previous employers and their phone numbers:

\_\_\_\_\_  
\_\_\_\_\_

4. Any past or present church/community activities you've enjoyed: \_\_\_\_\_

\_\_\_\_\_

5. Interests/Hobbies? \_\_\_\_\_

\_\_\_\_\_

6. Skills/Talents? \_\_\_\_\_

\_\_\_\_\_

7. Driver's License # \_\_\_\_\_ Auto Insurance Company \_\_\_\_\_

8. Please tell us about activities or projects in your life that gave you a sense of satisfaction and/or achievement:

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9. What attracts you to the idea of working with Hospice of Wayne County? \_\_\_\_\_

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10. Have you experienced any deaths close to you in the past two or three years? If so, have you considered the possible impact hospice work, and training, might have on your personal grief experience? Please comment.

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11. Can you commit to 2-4 hours per week for the next year? \_\_\_\_\_

12. Please list three personal references, other than family members:

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Name	Address	Phone
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Name	Address	Phone
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Name	Address	Phone
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Please sign below to indicate that you are willing for Hospice of Wayne County to contact the individuals you have listed as references and the present and/or past employers you've listed, to confirm your employment history:

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Signature

Date