



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

**Mail completed Application to:**

3HC  
ATTN: Social Work Manager  
2402 Wayne Memorial Drive  
Goldsboro, NC 27534

**Or Email to:**  
cjorden@3hc.org

**The following information will help us to better understand your skills and interests and will assist us in making our volunteer assignments.**

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ SS#: \_\_\_\_\_  
(Last, First, Middle Initial)

Present Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
(Street, City, State)

Telephone Number: (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

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

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Employer's Phone #: \_\_\_\_\_

Working Hours: \_\_\_\_\_

Briefly Describe Type of Work You Do: \_\_\_\_\_

Time/day during the week you will be available for hospice training: \_\_\_\_\_

Total number of hours/days and time per week you would be available for hospice volunteering: \_\_\_\_\_

Daytime  Evenings  Weekends  Other: \_\_\_\_\_

How did you hear about Hospice? \_\_\_\_\_

Why do you wish to be involved in Hospice? \_\_\_\_\_

Have you done any volunteer work? If so, please specify: \_\_\_\_\_

Have you had experience with terminally ill?  Yes  No If yes, explain: \_\_\_\_\_

Has someone close to you recently died?  Yes  No If yes, explain: \_\_\_\_\_

Do you speak any foreign language(s)?  Yes  No

If yes, specify language(s): \_\_\_\_\_

Do you have health related problems or physical limitations?  Yes  No

If yes, explain: \_\_\_\_\_

Please check areas of interest:

Patient/Family Services:

- Relieve Primary Caregiver
- Meal Preparation
- Write Letters
- Homemaking Chores
- Feeding
- Bereavement
- Home Repair and Other Services

Other Interests:

- Hospice Office Work
- Fundraising
- Scrapbooking

Please list other areas of interest in which you are skilled or would like to volunteer for:

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

Have you ever been convicted of a crime or felony?  Yes  No if yes, explain: \_\_\_\_\_

\_\_\_\_\_

Please list two personal references: (should not include relatives, prefer clergy or former employers)

	Name	Address	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____

In Case of Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**CERTIFICATION**  
**(Please read before signing)**

*I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal and otherwise, the investigation of any criminal records, and release all parties from all liability for any damage that may result from furnishing same to you.*

Date: \_\_\_/\_\_\_/\_\_\_

Signature: \_\_\_\_\_