VOLUNTEER APPLICATION

Hospice of West Alabama
3851 Loop Road
Tuscaloosa, AL 35404

PERSONAL INFORMATION

First Name	Middle Initial	Last Name		
Present Address	City		State	Zip
Home Phone	Cell Phone		Gender	
Email Address		Date of Birth _____/_____/_____ (year optional)		
Emergency Contact Name	Relationship	Primary Phone Number	Secondary Phone Number	

EDUCATIONAL BACKGROUND

Name of High School	City & State	High School Graduate ☐ Yes ☐ No
Name of College	City & State	Currently Enrolled ☐ Yes ☐ No
		College Graduate ☐ Yes ☐ No
Degree or Area of Study		Graduation Date

EMPLOYMENT BACKGROUND

Name of Current or Last Employer	City & State	Employer Phone Number
If necessary, may we contact you at work? ☐ Yes ☐ No		

VOLUNTEERING BACKGROUND & EXPERIENCES

How did you learn of the volunteer program at Hospice of West Alabama?	Why do you want to volunteer for Hospice of West Alabama?
What kind of volunteer work are you interested in doing?	What days & times would you prefer to volunteer?
Do you have previous volunteer experience? ☐ Yes ☐ No If yes, please list below.	

Name of Organization/Volunteer Program	Position/Description of Duties	Dates of Service
(1)		
(2)		

VOLUNTEER SKILLS (Check all that apply)

☐ Languages other than English (please specify)	☐ Computer Skills (please specify programs)	☐ Certifications (please specify)
☐ Sign Language	☐ Arts & Crafts/Sewing/Knitting	☐ Music (vocal and/or instrumental)
☐ Medical Training (please specify)	☐ Other (please specify)	
Hobbies, Clubs, Extracurricular Activities (please list):		

BACKGROUND

Have you been convicted of a misdemeanor offense in the last five years? ☐ Yes ☐ No If yes, specify dates & explain: (Please Note: Hospice of West Alabama does conduct background checks. A conviction does not necessarily disqualify a volunteer applicant. Failure to disclose may result in disqualification or termination.)
Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, specify dates & explain: (Please Note: Hospice of West Alabama does conduct background checks. A conviction does not necessarily disqualify a volunteer applicant. Failure to disclose may result in disqualification or termination.)
Have you ever been convicted of Medicare/Medicaid fraud or abuse? ☐ Yes ☐ No

VOLUNTEER CONSENT AND RELEASE

I understand that my signature below affirms all the facts set forth in my application for volunteering are true and complete. I understand that if accepted, false statements, omissions, or other misrepresentations by me on this application may result in immediate dismissal. I understand that I will be required to attend volunteer orientation and in-services as required. I understand the information that I have provided may be verified, if necessary, by contacting persons or organizations named in the application and on my references, by contacting any person or organization that may have information concerning me, or by conducting a criminal background check. I hereby release and hold harmless Hospice of West Alabama, its director, employees, and agents from any and all claims, damages, costs, expenses, liabilities, losses, including attorney fees, and expenses arising from or related to Hospice of West Alabama processing or accepting this application.

Volunteer Name (please print)	**Volunteer Signature**	**Date**
Parent/Guardian Signature (if under 18)	**Date**	
Volunteer Coordinator Signature	**Date**	

Thank you for completing this application and for your interest in volunteering with us. All information above is considered confidential.