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EMPLOYMENT AND OR RETIREMENT:

ARE YOU CURRENTLY EMPLOYED?    \_\_\_ YES    \_\_\_ NO

PLEASE LIST YOUR CURRENT/LAST EMPLOYER

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BUSINESS NAME

STREET ADDRESS

---

CITY

STATE

ZIP

PHONE NUMBER

---

POSITION

START DATE    UNTIL    LAST DAY

IF YOU WERE EMPLOYED LESS THAN 3 YEARS AT LISTED ABOVE  
EMPLOYER PLEASE LIST YOUR PREVIOUS EMPLOYER.

---

BUSINESS NAME

STREET ADDRESS

---

CITY

STATE

ZIP

PHONE NUMBER

---

POSITION

START DATE    UNTIL    LAST DAY

RETIREMENT INFORMATION:

DID YOU RETIRE FROM A BUSINESS OR THE MILITARY?

\_\_\_\_\_ YES    \_\_\_\_\_ NO

PLEASE PROVIDE YOUR RETIREMENT INFORMATION.

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BUSINESS

STREET ADDRESS

---

CITY

STATE

ZIP

PHONE NUMBER

---

POSITION

START DATE UNTIL RETIREMENT DATE

REFERENCES (NAME, ADDRESS, AND PHONE NUMBER)

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

MAY WE CONTACT YOUR CURRENT EMPLOYER AND OR RETIREMENT AGENCY?

\_\_\_\_\_ YES \_\_\_\_\_ NO

SIGNATURE AND DATE FOR AUTHORIZATION TO CALL.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

VOLUNTEERING INFORMATION:

WHY ARE YOU INTERESTED IN VOLUNTEERING WITH CRATER COMMUNITY HOSPICE?

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

HOW DID YOU HEAR ABOUT OUR PROGRAM?

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

IN ORDER TO BE A VOLUNTEER WITH CRATER COMMUNITY HOSPICE YOU MUST FIRST SUCCESSFULLY COMPLETE OUR TRAINING PROGRAM. WHICH TIME PERIODS WOULD YOU PREFER?

\_\_\_\_\_ WEEKDAYS \_\_\_\_\_ EVENINGS \_\_\_\_\_ WEEKENDS

PLEASE TELL US ABOUT ANY PREVIOUS OR CURRENT VOLUNTEER EXPERIENCES.

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

VOLUNTEER AREAS OF PRIMARY INTEREST:

\_\_\_\_PATIENT/FAMILY CONTACT    \_\_\_\_OFFICE SUPPORT  
\_\_\_\_COMMUNITY LIAISON        \_\_\_\_SPECIAL EVENTS  
\_\_\_\_HEALTH FAIRS                \_\_\_\_BEREAVEMENT

HAS ANYONE IN YOUR FAMILY BEEN SUPPORTED BY A HOSPICE PROGRAM?        \_\_\_\_YES                \_\_\_\_NO

IF YES PLEASE LIST RELATIONSHIP AND DATE.

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
DATE

PLEASE TAKE THIS OPPORTUNITY TO TELL HOW YOU HEARD ABOUT CRATER COMMUNITY HOSPICE AND WHY VOLUNTEERING WITH US IS IMPORTANT TO YOU.

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

WE APPRECIATE YOUR INTEREST IN VOLUNTEERING WITH CRATER COMMUNITY HOSPICE. ALL INFORMATION PROVIDED IS KEPT IN CONFIDENCE AND IN A SECURE LOCATION. PLEASE DO NOT HESITATE TO CALL US IF YOU REQUIRE ANY ASSISTANCE IN COMPLETING OUT THIS APPLICATION.

YOUR SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Thank you!



3916 S. Crater Road  
Petersburg, VA 23805  
(804) 526-4300  
[www.cratercommunityhospice.org](http://www.cratercommunityhospice.org)