



6520 Pleasant Valley Rd., Diamond Springs, CA 95619
 530-621-7820 (phone) / 530-622-6820 (Fax)

An Equal Opportunity Employer

Volunteer Application (Please Print)

PERSONAL INFORMATION

Volunteer service applying for: In-Home (respite) <input type="checkbox"/> PAWS (pet) <input type="checkbox"/> Bereavement (Grief) <input type="checkbox"/> Office Support <input type="checkbox"/> Courier <input type="checkbox"/> Thrift Store <input type="checkbox"/> General Support Services <input type="checkbox"/>			
Name:		Social Security Number #	
Address (Street, City, State, Zip):			Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Phone:	Cell Phone:	Work Phone:	May we contact your current employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
E-Mail:			
Have you every volunteered or worked for Snowline Hospice before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when?			
Do you have friends or relatives working or volunteering for Snowline Hospice? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state name, relationship, if employee or volunteer:			
How did you find out about volunteer opportunities at Snowline? Newspaper <input type="checkbox"/> Identify: _____ Snowline Staff <input type="checkbox"/> Identify: _____ Web page <input type="checkbox"/> Other: _____			
Can you present evidence of your U.S. Citizenship or proof of your legal right to work in this country? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state nature of the crime(s), when and where convicted and deposition of the case: <i>Snowline Hospice reserves the right to review education, previous employment, driving, and criminal records.</i>			
What is your understanding of Hospice?			
If applying to work in patient care, describe your experience with terminal illness.			

REFERENCES: List three persons not related to you who have knowledge of your work/volunteer performance within the last seven years.

Name	Address	Phone Include Area Code	Years Known	Occupation
1.				
2.				
3.				

EDUCATION and TRAINING

Name/Location of School Include City and State	No Years Completed	Did You Graduate?	List Diploma, Degree, Certificate
High School		Yes <input type="checkbox"/> No <input type="checkbox"/>	
College		Yes <input type="checkbox"/> No <input type="checkbox"/>	
College		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Vocational/Business		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Health Care Training		Yes <input type="checkbox"/> No <input type="checkbox"/>	

LICENSES AND SKILLS

Professional Licenses: Include numbers and expiration dates.

Computer/Office/Retail Skills: Check all that apply, where applicable note software or application program.

- Word Processing _____ Desktop Publishing _____ Typing _____ wpm Cash Register
 Spreadsheet _____ Web Design _____ Ten Key
 Presentation Software _____ Database _____ Email _____

Our patients or customers may not speak English. Do you speak any other language? Yes No

If yes, which language(s)?

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for volunteer work at Snowline Hospice? Yes No

If yes, explain:

EMPLOYMENT HISTORY: The section must be completed.

List present and past employment starting with your most recent employer. Attach additional pages if needed.

_____ Name of Employer	(_____) _____ Telephone Number	Date of Employment ____/____/____ to ____/____/____ From To
_____ Street Address	_____ City	_____ State Zip Supervisor's Name
_____ Position/Title	_____ Reason for Leaving	_____ May we contact for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>
_____ Duties and Responsibilities		
_____ Name of Employer	(_____) _____ Telephone Number	Date of Employment ____/____/____ to ____/____/____ From To
_____ Street Address	_____ City	_____ State Zip Supervisor's Name
_____ Position/Title	_____ Reason for Leaving	_____ May we contact for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>
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_____ Street Address	_____ City	_____ State Zip Supervisor's Name
_____ Position/Title	_____ Reason for Leaving	_____ May we contact for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>
_____ Duties and Responsibilities		

Read carefully and sign below: I hereby certify the above statements are true and correct. I understand false statements or information on this application or on any document used shall be grounds for rejection of this application or if in volunteer service immediate discharge, regardless of the time elapsed before discovery. When applicable, I understand Snowline Hospice requires a background check prior to volunteer service. I further understand that the application is not an offer of employment.

I hereby authorize Snowline Hospice to thoroughly investigate my references, work record, education and other matters related to my suitability for volunteer placement. I authorize former employers and references to disclose to the company information related to my work history.

Applicant's Signature: _____ **Date:** _____