

3470 Buskirk Avenue, Pleasant Hill, California 94523

Email: volunteers@hospiceeastbay.org

VOLUNTEER APPLICATION

(Please complete the entire form and return to the above address)

	Date:			
Name:				
Address:	City:		Zip:	
Home Phone:	Cell Phone:			
Fax:	Email:			
Emergency Contact Person:	Phone:			
Are you currently employed?	🗌 Yes	🗌 No	🗌 Fulltime	Part time
May we call you at work?	🗌 Yes	🗌 No	Retired	
Name of Company:			Phone:	
What are/were your job duties?				
Past work experience: Offic	e 🗌 E	state Sales	🗌 Retail	Fundraising
🗌 Health Care 🔲 Counseling	🗌 Teachin	g 🗌 Oth	er (Please specify)	
What other language(s) do you spea	k fluently :			
Why are you interested in volunteer	ring for Hosp	ice East Bay	?	
What type of hospice work or event	most interes	ts you? (be	specific if possible)	
What skills/experiences do you have	e which migh	t help in thi	s volunteer area?_	
What is your availability for volunte	eering? # of	f Hours (wk) # of I	Days (mo)

Describe your volunteer history?
Are you able to perform the essential functions of the position for which you are applying either with or without reasonable accommodations?
If necessary, please describe what type(s) of reasonable accommodations are needed:
Have you experienced any recent deaths in your family or those close to you? (Please specify relation-ship and date of death*)
How did you hear about Hospice East Bay?
Community presentation Church/Synagogue Newspaper Hospice Newsletter
Do you have a valid driver's license? 🗌 Yes 🗌 No
License # Exp. date
Do you have a car at your disposal? 🗌 Yes 🗌 No
Please list name of auto insurance company
Have you been convicted of a felony within the last seven years?
Please list 3 references:
1) Name: Phone:
2) Name: Phone:
3) Name: Phone:
Signature
Homics East Bay actively each to recruit veluptors without regard to race religion correlation national origin or (conder) gender identity

Hospice East Bay actively seeks to recruit volunteers without regard to race, religion, sexual orientation, national origin, sex (gender), gender identity or expression, age, disability or physical handicap, provided such disability or handicap does not inhibit the volunteer's ability to provide essential services or place the volunteer at risk. *We also reserve the right to temporarily or permanently deny entry to the volunteer program for reasons which may include but are not limited to a significant loss or bereavement occurring within the past 12 months.