



Volunteer Application

Thank you for your interest in the volunteer program of Fox Valley Volunteer Hospice.
Please complete and return this form to:
Fox Valley Volunteer Hospice, 200 Whitfield Drive, Geneva, IL 60134

IDENTIFICATION:

DATE: _____

Name _____

Address _____

City, State, Zip Code _____

Home Phone _____ Work _____ Cell _____

E-mail _____ SS# _____ - _____ - _____ Date of Birth _____

EMERGENCY CONTACT:

Name _____ Relationship to You _____

Phone Number _____ Home _____ Work _____ Cell _____

EMPLOYMENT HISTORY:

Employer	Dates	Title & Description
_____	_____	_____
_____	_____	_____

VOLUNTEER HISTORY:

Name of Organization	Dates	Your Volunteer Duties
_____	_____	_____
_____	_____	_____

EDUCATION HISTORY:

Name of Institution	Dates	Diploma, Certificate, or Degree Received
_____	_____	_____
_____	_____	_____

Other experience, skills, (i.e.: hobbies, business applications, fluency in other languages):

(OVER TO NEXT PAGE)

PERSONAL EXPERIENCE:

Have you experienced a significant loss or the death of someone close to you? Please specify relationship to you and date of loss: _____

Please check areas of skill and/or interest.

- | | |
|--|--|
| <input type="checkbox"/> Ambassador * | <input type="checkbox"/> Handyman/woman – fixit projects |
| <input type="checkbox"/> Baking | <input type="checkbox"/> Interpreter |
| <input type="checkbox"/> Bereavement/Adult * | <input type="checkbox"/> Mailings Support |
| <input type="checkbox"/> Bereavement/Children * | <input type="checkbox"/> Patient and Family Support * |
| <input type="checkbox"/> Clerical and computer | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Special Events Team |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Translation |
| <input type="checkbox"/> Gift Delivery | |
| <input type="checkbox"/> Hands of Hope at Dryer Clinic * | * denotes training offered |

REFERENCES: *Please use only one family member.*

Whom may we contact for references? (Please give complete addresses)

1. Name _____
Address _____ Relationship to you _____
City/State/Zip _____ Phone _____
2. Name _____
Address _____ Relationship to you _____
City/State/Zip _____ Phone _____
3. Name _____
Address _____ Relationship to you _____
City/State/Zip _____ Phone _____

I have truthfully completed my volunteer application to Fox Valley Volunteer Hospice. I understand that a personal interview is required of all volunteers. If I am accepted as a direct service volunteer for hospice families, I understand that I will be subject to a criminal background check.

Signature _____ Date _____