



## 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"/> Hands of Hope *                 |
| <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          |  |

\* 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 or bereaved clients/families, I understand that I will be subject to a criminal background check.**

Signature \_\_\_\_\_ Date \_\_\_\_\_