



Contact Information

First Name: _____ Last Name: _____ Middle Name: _____

Address: _____ City: _____

Zip: _____ State: _____

Telephone Numbers:

Home: _____ Cell: _____ Work: _____

E-mail: _____

Are you a Seasonal Resident? Yes No

Seasonal Resident from: ____/____/____ to: ____/____/____

Emergency Contacts

Primary Contact: _____ Relationship: _____

Address: _____ City: _____

Zip: _____ State: _____

Secondary Contact: _____ Relationship: _____

Address: _____ City: _____

Zip: _____ State: _____

Physician's Name: _____

Physician's Phone Number: _____



Volunteer Application -*Aplicación para servir como Voluntario*

Name (Nombre) _____

Education: High School, College, Business, Vocational

School-City, State	Years Attended	Degree, Major

Employment History (Historia de Empleo)

Company, City, State	Dates	Work Description

Volunteer History (Experiencia como voluntario)

Company-City, State	Dates	Work Description



Volunteer Application - *Aplicación para servir como Voluntario*

Name (Nombre) _____

How did you learn about Catholic Hospice, Inc.?

Why do you want to be a Catholic Hospice Volunteer?

Volunteer Skills and Interests:

Have you ever been convicted of a felony? Yes No

If yes, describe conditions: _____

Volunteer Availability:

Daytime (de Dia) _____ Evenings (de Noche) _____ Weekends (Fines de Semana) _____

Please Circle Days Available: Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Do you speak any foreign language(s)? Yes/No

If yes, please list

languages: _____

Hobbies and Skills: (crafts, hairdressing, homemaking, music, etc.)

In the event of a Hurricane Warning, are you willing to assist patients/families with preparations/shopping?

Yes/No

Are you willing to visit patients at nursing homes/assisted living facilities? Yes/No

Are you willing to accept an assignment in a home with pets? Yes/No

Are you willing to accept an assignment in a home with smokers? Yes/No

*****Are you willing to transport patient (to doctor's appt, to Church, run errand etc.)? Yes/No**