Hospice Services at Methodist ElderCare
124 South Dorchester Square
Westerville, Ohio 43081
Office: 614/451-6700

Date: _____

Volunteer Application

Last Name:		First Name		Nickname:			Birth Date:		
Address:				City:	Zip Code:		Home Phone:		
Employer:	City:	Zip Code:		Position:	Hours Per Wk:		Email Address:		
Have you volunteered for Hospice Services at Methodist ElderCare before? Date and Program you participated in.									
Have you volunteered in any capacity before? Please list the two most recent organization(s)/program(s) you were affiliated with.									
Name of Organization	Supervisor and Contact Information			Date			Position/Program		
References: Please list 2 references that we can contact. Please DO NOT include family members.									
Name:	Relationship:			Years Known:			Phone Number:		
Name:	Relationship:			Years Known:			Phone Number:		
Emergency Contact: Please list two individuals that we could contact if you were involved in an emergency situation.									
Name:			Relationship:			Phone Number			
Name:			Relationship:			Phone Number			
Availability:	Monday am pm	Tuesday am pm	Wednesday am pm	Thursday am pm	Friday am pm	Saturday am pm		Sunday am pm	
Health Restriction and/or limitaitons:									
Have you ever been convicted of a Felony or Misdemeanor? YES NO If YES please explain:									
Special Gifts or Talents:									
State Licensed:									
Licensed For:	State:	License Number:				Expiration Date:			
Volunteer Signature:		Date:	Volunter Co-Ordinator Signature						
