



Volunteer Application

Name (Last, First, MI)	Date of Birth
Address (Street, City, State)	Please circle primary phone number Home: Cell:
Email Address:	How did you hear about us?
Area(s) you would like to volunteer: <input type="checkbox"/> Administrative <input type="checkbox"/> Friendly Visitor <input type="checkbox"/> Special Projects <input type="checkbox"/> Vigil <input type="checkbox"/> Bereavement Other _____	Days and Hours You Are Available:
Education/Certifications:	Cities/locations where you are willing to provide volunteer service:
<small>*Serenity requires documentation of any hospice-related certifications that may apply to your volunteer position description*</small>	
Do you have transportation for your hospice volunteer work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any languages you speak besides English?

I certify that I have not been convicted and or found guilty of patient abuse, neglect, or mistreatment, or misappropriation of patient property in this state or in any state and that I am not listed in any resident or patient abuse registry in this state or in any other state. I understand that Serenity Hospice Care requires a thorough background investigation for all potential volunteers. This investigation is limited to only that information required to determine fitness for volunteering and will include a criminal background check. Upon any negative findings with the patient abuse registry in this state or any other state would mean automatic withdrawal of any such offer to become a volunteer.

Signature _____ Date _____