



Name: _____ Phone: _____ DOB: _____

Address: _____ State: _____ Zip: _____

Email: _____ Best way to reach you? Phone Email

Emergency Contact: _____ Relationship: _____

Cell Phone: _____ Office: _____

Are you currently employed? _____ If yes, where? _____

Do you have reliable transportation? _____ (Proof of current registration required)

Please indicate your availability:

	Morning	Afternoon	Evening	Night
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

What brought you to volunteer in hospice and end-of-life care?

What is your vision for the role of Hospice Volunteer?

Please list your volunteer experiences:

Do you have any additional comments, or questions?

To Apply:
Mail or drop off in person: 17645 Juniper Path Suite 155 Lakeville MN 55044
Send via fax: (952) 898-4006

Signature: _____ Date: _____