



VOLUNTEER APPLICATION

Name: _____

Address: _____

Phone: _____ Email: _____

Why do you want to volunteer at Omega House? _____

How did you hear about volunteering at Omega House? _____

Are you 18 years of age or older? Yes No

Paid Work Experience: _____

Volunteer Experience: _____

Special Skills/Hobbies: _____

Volunteer Service Preference:

- | | |
|---|--|
| <input type="checkbox"/> Direct Resident Care | <input type="checkbox"/> Non Resident Contact |
| <input type="checkbox"/> Office/Clerical | <input type="checkbox"/> Spiritual/Bereavement Support |
| <input type="checkbox"/> Other: _____ | |

Have you participated in a volunteer hospice caregiver training? Yes No

Time Availability/Commitment: Please fill in the times that work best for you.

Morning – Afternoon – Evening – Weekends - Other (be specific!)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Do you have any physical/mental limitations which would affect your ability to provide certain types of volunteer service? Yes No

If yes, please explain: _____

Will you need any accommodations in order to perform the essential functions of the volunteer position for which you are applying? Yes No

If so, what are your needs? _____

Have you ever been convicted of a crime? Yes No

If so when? _____ Where? _____

What was the nature of the offense? _____

Are there any felony charges pending against you? Yes No

If yes, please explain: _____

List three references other than family members:

	NAME	PHONE
1.	_____	_____
2.	_____	_____
3.	_____	_____

In Case of Emergency Contact:

Name/Relationship: _____

Phone/Address: _____

Applicant's Signature: _____

Date: _____