



# VOLUNTEER APPLICATION

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Can you receive calls at work? \_\_\_\_\_ Yes \_\_\_\_\_ No

Current Place of Employment & Position: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency contact address: \_\_\_\_\_

Emergency contact phone: \_\_\_\_\_

How did you find out about Hospice Volunteering?

\_\_\_\_\_ Utilized services in the past

\_\_\_\_\_ Website

\_\_\_\_\_ Newspaper/TV/Radio ad

\_\_\_\_\_ Word of Mouth

\_\_\_\_\_ Facebook/Twitter

\_\_\_\_\_ School/Organization Volunteer hours

Grade: \_\_\_\_\_

**FOR STUDENTS ONLY**

School: \_\_\_\_\_

School Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*Most schools require a certain amount of volunteer hours for specific courses or graduation. Will you be fulfilling these hours through volunteering with Omega House?*

\_\_\_\_\_ Yes          \_\_\_\_\_ No (If yes, how many hours do you need? \_\_\_\_\_)

Do you plan on volunteering once these hours are complete?

\_\_\_\_\_ Yes          \_\_\_\_\_ No

**MILITARY EXPERIENCE**

Branch(es) \_\_\_\_\_ Dates of your military service \_\_\_\_\_

**INTERESTS AND Certifications** *(Please check all you'd be interested in sharing with us)*

<input type="checkbox"/>	Computer	<input type="checkbox"/>	Home repairs	<input type="checkbox"/>	Notary	<input type="checkbox"/>	Sewing
<input type="checkbox"/>	Cooking/baking	<input type="checkbox"/>	House cleaning	<input type="checkbox"/>	Reading aloud	<input type="checkbox"/>	Yardwork
<input type="checkbox"/>	Hairstylist	<input type="checkbox"/>	Musician	<input type="checkbox"/>	Registered Nurse/CNA	<input type="checkbox"/>	Videography/audio

\_\_\_ Foreign Language/Sign Language *Which language(s)?* \_\_\_\_\_

\_\_\_ Other (please explain): \_\_\_\_\_

**TIME AVAILABILITY (CHECK ALL THAT APPLY)**

<input type="checkbox"/>	Weekdays	<input type="checkbox"/>	Weekends	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Morning (7am-12pm)	<input type="checkbox"/>	Afternoon (12-5pm)	<input type="checkbox"/>	Evening (5-9pm)	<input type="checkbox"/>	Overnights (9pm-7am)

**DESIRED AREA OF VOLUNTEERING** *(Please check all that apply)*

Special Events/Assisting with fundraisers

**Administrative Service**

Phone receptionist\*

Greeting visitors

Baking/Cooking volunteers

Cleaning, laundry, etc.

Filing\*

Mailings\*

Gardening/lawn maintenance

House maintenance

- Monday through Friday

**Direct Care**

Visit/interact with residents

Companion Care/Sitting vigil at bedside

Spiritual Support

Hairdresser

Pet therapy

Phone support

Audio recording of patients' stories

Veterans helping veterans

Have you experienced the loss of a loved one in the past year? If so, please briefly describe:

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Have you been convicted of a crime?  Yes  No

If yes, explain: \_\_\_\_\_

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## REFERENCES

Two references are required of Omega House volunteers. References from work or volunteer assignments are most helpful. Personal references will also be accepted. ***Please use full names & provide complete addresses.***

1. Name: \_\_\_\_\_

Street: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position/Relationship to you: \_\_\_\_\_

2. Name: \_\_\_\_\_

Street: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position/Relationship to you: \_\_\_\_\_

I hereby authorize Omega House to request of the above individuals' information regarding my appropriateness as an Omega House volunteer.

**Signature** \_\_\_\_\_

I grant full permission to Omega House to use photographs of me for print and/or digital promotional purposes.

**Signature** \_\_\_\_\_

**Return completed form to:**  
Omega House  
ATTN: Volunteer Coordinator  
2211 Maureen Lane  
Houghton, MI 49931