



Volunteer Application

Personal Information

Today's Date	
Full Name	
Preferred Name	
Phone Number	
Alternate Phone Number	
Email Address	
Street Address	
Best Way to Contact You	
Best Time to Contact You	

Employment Information

Employer	
Occupation	

Additional Questions

What days / times are you available to volunteer?	
When are you available to start?	
Have any close family members been on hospice in the recent past?	
Do you have any special skills that might be useful for the shop/organization?	
With what other organizations have you volunteered?	
What hobbies do you enjoy?	

Thank you for your interest in Hearts for Hospice!



Volunteer Application

References

Please Provide Three References (No Family Members Please):

	Name	Phone Number	Email Address	Relationship to You
1.				
2.				
3.				

To submit your application by mail, please mail it to:

Hearts for Hospice
1430 Willamette St. #184
Eugene, OR 97401

To submit your application in person, please bring it to the Hearts for Hospice Shop located at:

Hearts for Hospice
444 Main St.
Springfield, OR 97477

Thank you for your interest in Hearts for Hospice!