



## Volunteer Application

If you would like to join The Hospice of East Texas volunteer program, please complete the following:

- Submit this completed application, with a copy of your driver license.
- List 2 references, with complete addresses and phone numbers.
- Attend our volunteer training class.

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name

\_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip

\_\_\_\_\_ Home Telephone Number \_\_\_\_\_ Your Cell Phone Number \_\_\_\_\_ Driver License Number

\_\_\_\_\_ Social Security Number \_\_\_\_\_ Maiden or Other Name \_\_\_\_\_ Email Address

Are you currently employed? \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time

If Yes, Where? \_\_\_\_\_

What do you feel are your special skills, talents or hobbies?

\_\_\_\_\_  
\_\_\_\_\_

Volunteer Experience: Please list the agencies or areas where you have served as a volunteer.

\_\_\_\_\_  
\_\_\_\_\_

Why would you like to volunteer for The Hospice of East Texas? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Texas Law permits obtaining record of convictions, deferred adjudications of felony charges and current offenses. I understand a criminal history check may be done. \_\_\_\_\_ Yes \_\_\_\_\_ Initial

Have you ever been convicted of a misdemeanor or felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please state reason and charges: \_\_\_\_\_

\_\_\_\_\_ Date of Charge: \_\_\_\_\_

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### References

Reference Name	Telephone Number	Relationship / Title		
Yrs. Known	Address	City	State	Zip

Reference Name	Telephone Number	Relationship / Title		
Yrs. Known	Address	City	State	Zip

How did you hear about the Hospice of East Texas Volunteer Program?

Newspaper      Hospice Staff/Volunteer      Presentation      Other \_\_\_\_\_

*By signing below, I certify this information is true and correct to the best of my knowledge and I understand that any misrepresentation or willful omission of facts will be cause for rejection of this application or termination of my volunteer association. I hereby authorize The Hospice of East Texas, to conduct personal reference checks, driving history and/or criminal conviction records to determine my acceptability for a volunteer position. I further agree to observe all rules, regulations and policies of The Hospice of East Texas.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_