



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
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Address	City	Zip
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Home Telephone Number	Your Cell Phone Number	Driver License Number
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Social Security Number	Maiden or Other Name
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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: _____

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:** _____