

**COMMUNITY LOVING CARE HOSPICE, L.L.C.**

**251 East Pearce Boulevard**

**Wentzville MO 63385**

**636-639-6280**

**1-800-252-3649**

**VOLUNTEER APPLICATION**

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

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_  
Name Relationship Phone #

Education: (Last grade completed or degree obtained): \_\_\_\_\_

Present Employer: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_

Full-Time  Part-Time  \_\_\_\_\_ Hours/Week \_\_\_\_\_ Days/Week

Other Volunteer Experience: Agency: \_\_\_\_\_

Duties: \_\_\_\_\_

Community/Civic/Professional Activities: \_\_\_\_\_

**Special Skills/Hobbies/Interests:**

- |              |          |                 |
|--------------|----------|-----------------|
| Hairdressing | Nursing  | Arts & Crafts   |
| Music        | Teaching | Typing          |
| Counseling   | Cooking  | Public Speaking |

Other: \_\_\_\_\_

Do you know a foreign language? (Please specify): \_\_\_\_\_

Why do you want to be a Community Loving Care Hospice Volunteer?: \_\_\_\_\_

How did you learn about our program?:  
radio tv newspaper  
Friend church family  
Hospice employee other

When are you available to work? (Please specify days and times): \_\_\_\_\_

**Please indicate your areas of interest:**

- |                        |                 |                       |
|------------------------|-----------------|-----------------------|
| Patient/Family Support | Hospitality     | Transportation        |
| Fund Raising           | Office/Clerical | Public Relations      |
| Special Projects       | Bereavement     | Recruiting Volunteers |
| Crafts                 | Other: _____    |                       |

Do you have a car at your disposal? \_\_\_\_\_

Driver's License # \_\_\_\_\_

Auto Insurance # \_\_\_\_\_

Please list three personal references (minister, teacher, employer):

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Have you ever been on the Employee Disqualification List? YES  NO

Have you ever been convicted of a felony by any enforcement authorities for any violation of any law, regulation, or ordinance within the last seven years? Include any court martial while in the military. Do not include misdemeanor traffic violations for which the only penalty imposed was a monetary fine. YES  NO

If YES, Explain Below: **(Convictions will not necessarily disqualify an applicant from employment.)**

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

I am applying to be a volunteer with Community Loving Care Hospice L.L.C.. If accepted I understand CLC Hospice will provide me with orientation and training appropriate to the tasks assigned to me.

I hereby give permission to contact the above named references.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Coordinator

\_\_\_\_\_  
Date

I give my permission for my child (a minor) to volunteer services to Community Loving Care Hospice, L.L.C.

\_\_\_\_\_  
Parent or Guardian\*

\_\_\_\_\_  
Date