



VOLUNTEER APPLICATION

Equal access to volunteer opportunities and employment are available to all persons. Those applicants requiring reasonable accommodation for the application and/or interview process should notify Human Resources.

NAME (last) _____ (first) _____ Male ___ Female ___

ADDRESS _____ CITY _____ ZIP _____

PHONE (home) _____ (work) _____ (cell) _____

EMAIL _____ Social Security _____

Do you speak any language other than English? If YES, _____

Have you ever been convicted of a crime? Yes ___ No ___ Date of Birth _____

If YES please explain: _____

Do you have access to a vehicle on the day(s) you will volunteer? Yes ___ No ___

DRIVER'S LICENSE #:	EXPIRATION DATE:
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Maximum number of minutes you are willing to drive to reach a patient location: _____

REFERENCES:

Give the name of three business/work references, not related to you, whom you have known at least one year. If not applicable, list three school or personal references not related to you.

Name	City/State	Telephone	Yrs. Acquainted
1.			
2.			
3.			

WHY DO YOU WANT TO BECOME A VOLUNTEER?

Date Available to start: _____

Are you available for: Weekends ___ Days ___ Evenings ___ What time(s)?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

CATEGORY OF INTEREST Patient visits ___ Admin. support ___ Bereavement support ___

UNIQUE QUALIFICATIONS (Previous volunteer experience, special training, certifications, etc.)

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and if I am employed as a volunteer, my employment may be terminated at any time.

I give the employer the right to contact and obtain information from all references, employers, and educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representative for seeking, gathering, and using such information and all other person, corporation or organization for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local state or federal law. If I am hired, I understand that I am free to resign at any time, with or without cause and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law.

This application does not constitute an agreement representative of the employer, other than an authorized officer. I understand that it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation required by the ADA and Section 504 of the Rehabilitation Act.

I also understand that if I am hired, I will be required to provide proof of identity.

I have read and fully understand the foregoing and seek employment under these conditions.

Applicant's Signature

Date

Please return completed application to: Volunteer Coordinator
Family Centered Hospice, 2171 Executive Dr., Ste. 450, Addison, IL 60101
Toll free: (866) 320-3300 Direct: (630) 317-3341 Fax: (630) 317-3310