



2020 N. Waldron, Suite 100
Hutchinson, KS 67502
620-665-2473

VOLUNTEER APPLICATION

DATE: _____

Thank you for your interest in the volunteer program at Hospice of Reno County, Inc. Please fill out the application in its entirety. The following information will be helpful in making volunteer assignments.

PLEASE PRINT

NAME: (first, middle, last) _____

MAILING ADDRESS _____ **CITY** _____ **ZIP CODE** _____

EMAIL ADDRESS: _____

HOME PHONE: _____ **WORK PHONE:** _____

BIRTH DATE: (month/day) _____ **SOCIAL SECURITY #:** _____

OCCUPATION: _____ **POSITION:** _____ **WORKING HOURS** _____

Briefly describe the type of work you do:

WORK HISTORY: Please list employers you have worked for within the last 5 years.

Company Name	Address	Phone #	Supervisor
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION: High School _____ **College** _____ **Type Degree:** _____

If you are a registered/licensed person, please provide the following information:

License Type: _____ **License Number:** _____

State of Licensure: _____ **Expiration Date (if any):** _____

Are you under the age of 18: YES NO

VOLUNTEER HISTORY (most recent dates and a description of the work performed)

Hobbies: _____

OTHER SIDE →→→→→

REFERENCE INFORMATION: please provide 2 references, OTHER THAN A RELATIVE

Name Address zip code

Name Address zip code

Have you ever been convicted of a crime? YES NO

If yes, explain _____

How did you hear about Hospice of Reno County? _____

Have you had experience with terminally ill people? YES NO

If yes, explain _____

Do you speak a language other than English? YES NO If yes, what? _____

Do you have transportation for your volunteer work? YES NO

I understand that all information concerning patients, treatments and staff is confidential. I understand that dependability is imperative, and agree to contact the Volunteer Coordinator when I am unable to be at my assigned position.

I also understand that Hospice & HomeCare of Reno County may make inquiries to verify information on this application, particularly relating to employment and other volunteer experience. In addition, an inquiry concerning my character and general reputation may be conducted with the references listed on the application. My signature below authorizes Hospice & HomeCare of Reno County to do so.

SIGNATURE DATE

IN CASE OF EMERGENCY, CONTACT:

Name Address w/zip code Phone Number

Relationship to you

Mail to: Hospice & Homecare of Reno County
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Hutchinson, KS 67502