



For Volunteer Services Only:
Date Received: _____
Date of Contact: _____
Interview Appt: _____
Program: _____

Volunteer Application

Thank you for your interest in becoming a volunteer for Home Nursing Agency/Family Hospice. The information you provide below will be helpful as we work with you to identify areas of interest for you. Please Print!

Name: _____

Address: _____

Home Phone: () _____

Work Phone: () _____

Cell Phone: () _____

Email: _____

Volunteer Position Desired: _____

Why are you interested in Volunteering with Home Nursing Agency? _____

How did you hear about Home Nursing Agency Volunteer Opportunities? _____

If position requires, do you have a vehicle available for work? Yes No

Do you have a Pennsylvania Driver's License? Yes No

Are you at least 18 years of age? Yes No

If applying for Hospice or Healing Patch Volunteer, are you 21 or older? Yes No

Have you ever been convicted of a Felony or Misdemeanor? Yes No

If yes, please explain. A conviction may not necessarily disqualify you from the position sought: _____

Availability:

Please write in times that you are available to volunteer in the table below:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Mornings							
Afternoons							
Evenings							

Comments: _____

Employment History

Name/Address of Company	Job Title	From:	To:	Reason for Leaving	Supervisor/ Telephone Number
Name/Address of Company	Job Title	From:	To:	Reason for Leaving	Supervisor/ Telephone Number

Was your employment listed under another name? Yes No

If yes, Please indicate: _____

Education History

Name/ Location of School (High School)	Degree	Field of Study	Graduated? Yes or No
Name/ Location of School (College or University)	Degree	Field of Study	Graduated? Yes or No

Please list any other education or technical training which would assist you in this volunteer position for which you are applying: _____

References

Please list at least three references, not related to you.

Name and Occupation	How do you know this reference?	Full Address to include Address, City, State, & Zip	Phone Number/ Email Address
Name and Occupation	How do you know this reference?	Full Address to include Address, City, State, & Zip	Phone Number/ Email Address
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Special Skills and Interests:

Please v areas of Interest:

Clerical Cooking/Baking Music Interacting w/Children
 Computer Gardening Meal Prep Arts & Crafts
 Sign Language Foreign Language Sewing Quilting
 Other, Please List: _____

My signature below indicates that all information contained in this application is true and correct. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts on this application is cause for dismissal. If accepted, Home Nursing Agency recognizes that all volunteer staff are accepted at will and that the volunteer relationship may be terminated at any time by either party, with or without cause, or for any reason with or without notice.

Signature: _____ Date: _____

It is Home Nursing Agency's policy to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us!

Please submit completed form to Human Resources:

Email:
careers@homenursingagency.com

Fax:
814-505-1559

Mailing Address:
Home Nursing Agency - Human Resources
201 Chestnut Avenue
P.O. Box 352
Altoona, PA 16603-0352