



747 Northern Avenue
Hagerstown, MD 21742
301-791-6360
Fax 240-420-5610

APPLICATION FOR VOLUNTEER WORK

In conformity with applicable laws, Hospice of Washington County, Inc. (HWC) is an Equal Opportunity Employer and does not discriminate on the basis of race, color, creed, religion, sex, sexual orientation, age, marital status, national origin, or disability.

1. Name: _____
Last First Middle

2. Address: _____
Street

City State Zip Code

3. Telephone Number: Home: _____ - _____ - _____ Cell: _____ - _____ - _____
Work: _____ - _____ - _____

4. Email Address: _____

5. Emergency Contact: Name: _____ Relationship: _____
Telephone Number: Home: _____ - _____ - _____ Cell: _____ - _____ - _____
Work: _____ - _____ - _____

6. Employment Status:
 Currently Employed- Occupation: _____
 Unemployed
 Retired
 Full-time student
 Other: _____

7. Highest Level of Education Completed:
 High School Diploma
 Associate's Degree
 Bachelor's Degree
 Master's Degree
 PhD
 Other: _____

Volunteering Background and Experiences:

8. Please explain briefly why you are interested in volunteering for Hospice of Washington County, Inc.

9. Describe any personal experiences in the areas of death and dying and year of occurrences.

10. Describe volunteer work you have done in the past or are doing currently.

11. How did you learn of the volunteer program at Hospice of Washington County?

12. Volunteer Skills- Please mark any of the skills or talents you have.

Languages/Other than English (please specify)	Sign Language	Licensed Cosmetologist
Licensed Massage Therapist	Reiki Master	Music (vocal and/or instrumental)
Arts & Crafts / Sewing / Knitting	Registered handler of a therapy dog (or other pet- please specify)	Computer Skills (please specify programs)
Other (please specify)		
Hobbies, Interests, Extracurricular Activities (please list):		

13. Do you have a valid driver's license, car insurance and dependable car? _____ Yes _____ No

14. Criminal Background

Have you ever been convicted of a crime or received a verdict of anything other than not guilty in any criminal investigation or proceeding? Yes _____ No _____

If yes, describe when the conviction occurred, the facts and circumstances, and any facts pertaining to rehabilitation. (Do not list any criminal charges for which the records have been expunged. A criminal offense will not necessarily bar employment).

15. Completion of 16 hours of training is required for **volunteers who will be visiting with patients**. The training includes 10 ½ hours of classroom training and 5 ½ hours of self-study.

Please check desired class: _____ Daytime (8:30am-4:00pm) or _____ Evening (5:00-9:00pm)

* An alternative self-study option is available for those who are unable to take either class.