



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.

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

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  PhD  
 Associate's Degree  Other: \_\_\_\_\_  
 Bachelor's Degree  
 Master's Degree

**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)		
<b>Hobbies, Interests, Extracurricular Activities</b> (please list):		

13. Are you a Veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No      Branch of Service: \_\_\_\_\_

14. Do you have a valid driver's license, car insurance and dependable car? \_\_\_\_\_ Yes \_\_\_\_\_ No

**15. 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).

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16. Areas of Interest:

**Direct Service (Patient Care and Bereavement Support)**

In Home     In Facility (Nursing Home or Assisted Living)     Shopping/Errands  
 Household Chores     Cooking/Meal Prep/Delivery     Yard Work     Bereavement Calls

**In-Direct Service (Non-Patient Care)**

Receptionist- Boonsboro Office     Receptionist- Doey's House  
 Flower Room- Doey's House     Fundraisers/Events     Other Clerical

Revised 12/10/2019