



Volunteer Application

Please Print Clearly

Information to be completed by Haven staff only.	
Spoke on phone _____	Met in person on _____
Meeting scheduled _____	Added to database _____
Start Date _____	GF Training _____
Bkgd ck ordered ___/___/___	Received on ___/___/___

Haven volunteers are required to complete our volunteer screening process, which may include a criminal background check, fingerprinting and a two-step tuberculosis-screening test. Check the area in which you are interested in volunteering.

- | | | | | |
|-----------|---------------|-------------|--------------|-----------|
| Chiefland | DeLand | Gainesville | Jacksonville | Lake City |
| Palatka | St. Augustine | Orange Park | | |

Personal Information:

Last Name: _____ First Name: _____
 Middle: _____ Maiden: _____

Print All Former Names Used: _____

Mailing Address: _____

City: _____ Zip: _____ County: _____

E-mail: _____

Phone: Home _____ Work _____ Cell _____

Emergency Contact: _____ Phone: _____ Relationship: _____

City and State of Birth: _____		If not United States, What Country: _____			
Eye Color: _____	Hair Color: _____	Height _____	Weight: _____	Sex: Female _____	Male _____
Race: Black Asian/Pacific Islander White/Latino Am. Indian/Alaskan Native Unknown					
NOTE: Information requested above is required for identification purposes only and is in no manner used as qualification for volunteering. Haven Hospice is an Equal Opportunity Employer and does not discriminate on the basis of gender, race, religion, age, impairment, or ethnicity. <i>This information is kept confidential and is not shared with anyone outside the Volunteer Services Department.</i>					

Area(s) of Interest:

- | | | |
|-------------------|-----------------------|-----------------------------------|
| No One Dies Alone | Veteran's Recognition | Patient, Family/Caregiver Support |
| Maintenance | Attic Resale Store | Community Outreach |
| Pet Visits | Legacy Program | Office Support |

Availability: Are you a permanent resident in this area? No Yes
If no, what months are you available? _____

What motivates you to volunteer for Haven?

Special Skills: Describe any special skills, experiences, hobbies and/or interests you feel would be of special value in hospice service and that you would be willing to share:

Education: Are you a student? No Yes If Yes, Which School?

Field of study:

Languages spoken:

Recent Loss: If you have experienced the loss of a loved one, it is recommended that you do not volunteer directly with patients for 12 months after the loss. If you have suffered a loss, please elaborate:

References: Haven requires **THREE** references. Please provide all the requested information below.

Reference 1: [Please do NOT list relatives]

Name: Relationship:
Mailing Address:
City, State, Zip:
Phone: E-mail:

Reference 2:

Name: Relationship:
Mailing Address:
City, State, Zip:
Phone: E-mail:

Reference 3:

Name: Relationship:
Mailing Address:
City, State, Zip:
Phone: E-mail:

I give Haven permission to contact my references and begin a personal background check on me using the information provided.

Volunteer Signature

Date