



VOLUNTEER APPLICATION

Pike County Health Department, Home Care & Hospice

19 North Main Cross Bowling Green, MO 63334

573-324-2111 or 1-800-559-0414

www.pikecountyhealth.org

Date: _____

Name: _____
Last First MI

Address: _____
Street City State Zip

Phone #: _____ Cell: _____ Email: _____

Education: (Last grade completed or degree obtained) _____

Present Employer: _____ Phone: _____

Position/Title: _____

Address: _____
Street City State Zip

___ Full-Time ___ Part-Time Hours/Week Days/Week: _____

Other Volunteer Experience: Agency: _____

Duties: _____

Community/Civic/Professional Activities: _____

Why do you want to be a Hospice Volunteer? _____

Special Skills/Hobbies/Interests: Hairdressing Nursing Music
Arts & Crafts Massage/Masseuse Public Speaking Counseling
Teaching Cooking Typing Other: _____

How did you learn about our program? (Please circle all that apply)

Radio Television Newspaper Friend Church
Family Hospice Employee Other: _____

When are you available to work? (Please specify days and times): _____

Please indicate your areas of interest: (Please circle all area of interest)

Patient/Family Support Hospitality Transportation Crafts
Fund Raising Office/Clerical Public Relations Home Visits
Special Projects Bereavement Recruiting Volunteers Other: _____



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Do you know a foreign language? (Please specify): _____

In case of emergency, notify: _____
Name Relationship Phone #

Do you have reliable transportation? _____

Driver's License # _____ Auto Insurance # _____

Please list three (3) personal references (minister, teacher, and employer-excluding family members):

Name _____ Name _____
Address _____ Address _____
Phone # _____ Phone # _____
Relationship _____ Relationship _____

Name _____ Name _____
Address _____ Address _____
Phone # _____ Phone # _____
Relationship _____ Relationship _____

Have you ever been on the Employee Disqualification List? YES ___ NO ___

Have you ever been convicted of a felony by any enforcement authorities for any violation of any law, regulation, or ordinance within the last seven years? Include any court martial while in the military. Do not include misdemeanor traffic violations for which the only penalty imposed was a monetary fine. YES ___ NO ___

If YES, Explain Below: **(Convictions will not necessarily disqualify an applicant from employment.)**

I am applying to be a volunteer with Pike County Health Department, Home Care & Hospice. If accepted I understand PCHH & Hospice will provide me with orientation and training appropriate to the tasks assigned to me.

I hereby give permission to contact the above named references.

Signature of Applicant Date

Volunteer Coordinator Date

I give my permission for my child (a minor) to volunteer services to Pike County Health Department, Home Care & Hospice

Parent or Guardian* Date

* Necessary only for minors