



VOLUNTEER APPLICATION

Name _____

Address _____

Home Phone _____ Mobile Phone _____

Email Address *(please print)* _____

Occupation _____ Are you retired? Yes No Year _____

Are you a student? Yes No If yes, location and major _____

Are you a Veteran? Yes No If yes, Branch/War/Years _____

Have you been convicted of a criminal offense? Yes No Yes: Year/Reason _____

Briefly share why you are interested in becoming a Homeland Hospice volunteer.

Describe any personal losses or experiences with death and/or dying, and include year(s).

Please list name, relationship, phone and email addresses for two *(not family)* references:

1. _____

2. _____

I understand that becoming a Homeland Hospice volunteer is contingent on application, interviews, training, required background checks, TB clearance (paid by Homeland Hospice) and demonstration of quality expected by all Homeland Hospice staff and volunteers.

Signature _____ Date _____

**Please return completed application to:
Homeland Hospice, 2300 Vartan Way, Suite 270, Harrisburg, PA 17110 ♦ (717) 221-7890, ext. 114**