



HOSPICESM
OF NORTHWEST OHIO

VOLUNTEER APPLICATION

*All questions must be answered completely
for this application to be considered.*

Date _____

(Please Print)

Name _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ May we contact you at work? Y N

Email Address _____

Volunteer History

Name of Agency	Dates	Describe Duties

Has someone close to you passed away within the past 12 months? Y N

If yes, please explain the circumstances: _____

Why do you want to be a Hospice of Northwest Ohio volunteer? _____

Time Available to Volunteer *(circle all that apply)*

Days Evenings Overnight Weekends

Areas of Interest *(circle all that apply)*

Inpatient Home Care Nursing Home Other _____

Military Service

Have you served in the United States Armed Forces? Y N

If yes, what branch, when: _____

Criminal History

Have you ever been convicted of a drug-related offense? Y N

If yes, please provide details explaining what drug or substance, when used, for how long and for what reason: _____

Have you ever been convicted of a crime? Y N

If yes, please provide details below.

Type of crime _____

Date of conviction _____ State/County _____

References (Two non-family members)

Name _____

Address _____

City/State/Zip _____

Relationship _____ Years known? _____

Name _____

Address _____

City/State/Zip _____

Relationship _____ Years known? _____

If selected to be a Hospice of Northwest Ohio volunteer, I am willing to make a one-year commitment and will successfully complete mandatory volunteer training.

I also certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for my volunteer role as may be necessary as well as any and all references.

I understand that this volunteer application shall be considered to be an active application for 60 calendar days after submitted. If I wish to be considered as a potential volunteer with Hospice of Northwest Ohio beyond that time, a new and updated application must be submitted.

I understand that false or misleading information given in my application or interview(s) may result in discharge from my volunteer role. I also understand that I am required to abide by all rules and regulations of this agency.

By submitting your application, you certify that you have read and accept the above statements.

Print Name _____

Signature _____ Date _____

Please mail completed application to:

Julie Tucholski at Hospice of Northwest Ohio • 30000 East River Road • Perrysburg OH 43551