



Volunteer Teen Application

Welcome to the Haven Hospice Volunteer Program! Many think about volunteering, and we appreciate you taking the first steps to being a volunteer – by completing the application! We are excited to have you join our team of volunteers. Please fill out this application so we can get you started.

Name: _____ Nickname: _____ *Age: _____
Address: _____ City: _____ State: _____ Zip: _____
Home phone: _____ Cell phone: _____
E-mail: _____
Emergency Contact Name: _____ Relationship: _____ Phone: _____

* Age: Haven accepts volunteers who are at least 14 years of age. Volunteers who are at least 16 years of age must complete a background check screen.

Education

Are you a student? Yes No If Yes, where? _____ Grade Level: _____
Group memberships: _____ Position: _____
_____ Position: _____
_____ Position: _____
Honors received: _____

Employment

Current job title/brief description: _____
Employer: _____ Full-time Part-time Years at present job: _____
Previous employment: _____ Years at previous job: _____

Volunteer Experience

Please list your past and current volunteer activities: _____

Special Skills

Are you fluent in any language other than English? No Yes, please specify: _____
Are you fluent in American Sign Language? Yes No
Please list any special skills, hobbies and/or interests you would be willing to share: _____

Personal Sharing

Please describe any personal experience with family or friends who have been ill or at the end of their life: _____

Availability

What are the best times for you to volunteer (please check the day and circle the time)?

Mon. a.m. p.m. Tues. a.m. p.m. Wed. a.m. p.m. Thurs. a.m. p.m. Fri. a.m. p.m.
 Sat. a.m. p.m. Sun. a.m. p.m.



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Tell Us About Yourself:

Why do you want to become a Haven Volunteer? _____

What do you hope to take away from this experience? _____

How did you learn about us? _____

References:

Haven Hospice requires three references for each volunteer. Please provide **all** the requested information for three persons we may contact. **Please do not list family members.**

Reference 1

Name: _____ Relationship to applicant: _____

Address: _____

Phone: _____ Email: _____

Reference 2

Name: _____ Relationship to applicant: _____

Address: _____

Phone: _____ Email: _____

Reference 3

Name: _____ Relationship to applicant: _____

Address: _____

Phone: _____ Email: _____

Statement of General Health and Volunteer Commitment:

Haven Hospice requires that we have a state of your general health in your volunteer file. Please read and sign the following:

I, _____, state that I am, to the best of my knowledge, free from communicable diseases and in good health. I am able to function fully as a volunteer. I am willing to commit to complete the volunteer program where I am assigned. I will maintain contact with the Haven Hospice office regarding my availability. I give permission for Haven Hospice to perform reference checks with those above noted persons.

Signature

Date

I commit to fully participating in the Volunteer Teen Program.

Guardian Signature (if under the age of 18)

Date