



238 Merrimac Court, PO Box 838, Prince Frederick, MD 20678  
VOLUNTEER ENROLLMENT APPLICATION

Thank you for your interest in becoming a volunteer with Calvert Hospice. This application form has been developed specifically for our program. You may find that some of the questions are personal in nature, yet we have found that information has proven to be most helpful in making volunteer selections and assignments. All information provided is confidential.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

How many years at this address? \_\_\_\_\_ E-mail address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Employment History:		
COMPANY	ADDRESS	POSITION

Volunteer History:		
ORGANIZATION	ADDRESS	TYPE OF VOLUNTEER WORK

Relevant Background (May include education, religious service, community service, or family experience):  
\_\_\_\_\_  
\_\_\_\_\_

Why do you wish to become a hospice volunteer? \_\_\_\_\_  
\_\_\_\_\_

Do you have any health/physical problem(s) which would limit your ability to perform required tasks?  Yes  No If yes, explain:  
\_\_\_\_\_  
\_\_\_\_\_

**BEREAVEMENT HISTORY:**

Deceased's Name	Date of Death	Hospice Patient?	Deceased's Age at Death	Cause of Death* (Circle One)	Onset**	Relationship
		<input type="checkbox"/> Yes <input type="checkbox"/> No		A S H N O W Explain:	S R D	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		A S H N O W Explain:	S R D	

\*CAUSE OF DEATH

A = Accident  
 S = Suicide  
 H = Homicide  
 N = Natural  
 O = Other (AIDS, SIDS, Stillbirth, Miscarriage)  
 W = War

\*\*ONSET

S = Sudden (Death within one week)  
 R = Rapid (Death within six months)  
 D = Delayed

Are you bi-lingual?  No  Yes What Language(s)? \_\_\_\_\_

Do you possess a valid driver's license?  Yes  No

Drivers License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Auto Insurance Co. and policy number: \_\_\_\_\_

Do you have daytime access to a car?  Yes  No

Are you willing to provide transportation?  Yes  No

What time(s) are you available for volunteer work?  Days  Evenings  Weekends

Have you ever been convicted of a crime or convicted in a military court martial? \_\_\_\_\_

Have you ever been sanctioned or had your licenses suspended or revoked? \_\_\_\_\_

Are you currently under any investigation or pending charge? \_\_\_\_\_

Names of three people we may contact, with your permission, for a personal reference:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand that Calvert Hospice recruits volunteers and employees, and provides care to patients without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability.

I understand that Calvert Hospice's drug and alcohol policy prohibits the use of alcohol or illegal drugs while working or volunteering for Calvert Hospice.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_