

# Foundation Volunteer Application

Name \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Languages Spoken \_\_\_\_\_

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## Contact Information

Home Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please list best means/times to reach you \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Cellular Phone/Beeper \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone(s) \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

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## Education, Employment and Specialized Training (professionals please attach resume)

Please describe your work experience

Have you ever been convicted of a crime excluding traffic violations? \_\_\_\_\_

If yes, please describe\*

\*A conviction record will not necessarily be a bar to volunteer service. Factors such as age at time of offense, seriousness and nature of offense, and rehabilitation will be taken into account.

Past volunteer experience(s)

Special Interests, Training, Skills, Hobbies

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### Availability to Volunteer

How many hours of volunteer service per week are you able to contribute? \_\_\_\_\_

Which days and times of day could you commit to our agency? \_\_\_\_\_

- Are you interested in volunteering?**  Conducting research  Data entry/input and output  
 Using development database  Special Events Support  Organizing paperwork/filing  
 Assisting with mailings  other \_\_\_\_\_

**Do you have any administrative experience?**  Yes  No

If so, please describe

**Do you have any connections to MJHS and any of its affiliated agencies?**

No  Yes

If so, please briefly describe the connection:

Why are you interested in volunteering for MJHS? Please explain:

At this time, please identify any particular strength/s in yourself as you anticipate volunteering for MJHS Foundation:

Are you active in any other service-oriented groups? (Temple, Parish, Community, Mentoring etc.)?  Yes  No

Place \_\_\_\_\_ service \_\_\_\_\_ hours/months \_\_\_\_\_

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I understand that I will receive no financial compensation and that full participation in the hospice volunteer training program and additional training, as determined by the volunteer coordinator and/or designee, is a prerequisite to a volunteer assignment with a hospice patient.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**Please save completed application and email to [epring@mjhs.org](mailto:epring@mjhs.org)**