



Hospice Volunteer Application

Personal Information

Please fill out the following information accurately. All responses will be kept confidential.

Name (legal name):	
Address:	
City:	
State, Zip	
Phone Number:	
Email address:	

Requirements

Are you at least 18 years or older?	
Do you have a current drivers license?	
Do you have reliable form of transportation?	
Are you eligible to work in the U.S.?	

Volunteer Availability

Available to start on (date):	
	<i>Please list your hours of availability Mon-Sun:</i>
Monday:	
Tuesday:	
Wednesday:	
Thursday:	
Friday:	
Saturday:	
Sunday:	



Skills and Experience

Briefly describe any relevant experience, skills or qualifications you have (e.g. volunteering, caregiving, counseling, medical training, languages, etc.):

Interests and Motivation

Why are you interested in volunteering with hospice? What do you hope to gain from this experience?

References

Please provide 2 professional references (not family members):

Reference 1 Name:	
Relationship:	
Phone Number:	
Email:	
Reference 2 Name:	
Relationship:	
Phone Number:	
Email:	

Emergency Contact Information

Name:	
Relationship:	
Phone Number:	



Background Check Consent

Have you ever been convicted of a crime? _____ If yes, please provide details:

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By signing below, **I authorize Essence Hospice** to conduct a criminal background check as part of the volunteer application process.

Essence Homecare LLC, DBA Essence Hospice is an equal opportunity employer. Essence Homecare LLC, DBA Essence Hospice does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Essence Homecare LLC, DBA Essence Hospice to hire me. If I am hired, I understand that either Essence Homecare LLC, DBA Essence Hospice or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Essence Homecare LLC, DBA Essence Hospice has the authority to make any assurance to the contrary.

Applicant Declaration

I attest with my signature below that I have given to Essence Homecare LLC, DBA Essence Hospice true and complete information on this application. No requested information has been concealed. I authorize Essence Homecare LLC, DBA Essence Hospice to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Thank you for your interest in becoming a volunteer. Your compassion and time are greatly appreciated.

Applicant Name: _____ Signature: _____ Date: _____

For Office Use Only

Interview Date:	
Approved by:	
Start Date:	