



# Volunteer Application

Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Title (please circle one): Mr. Mrs. Ms. Miss Dr.				
Name:		Preferred First Name:				
Address:		City:			Zip:	
Phone 1: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		Phone 2:		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
E-mail address:						
Occupation (if retired, please list previous occupation):						
Driver's License #:		State:		Date of Birth (month/day/year):		
In Emergency Notify:		Relationship:			Phone:	
<b>Area(s) of volunteer interest</b> (please select all that apply): <input type="checkbox"/> <b>General Patient Care</b> (providing companionship for patients and/or relief for their caregivers; vigil) <input type="checkbox"/> <b>Bereavement Volunteer</b> (provide support and comfort to those who have experienced the death of a loved one) <input type="checkbox"/> <b>Clerical/Administrative Volunteer</b> (provide general office support, answer phones, data entry, filing, lobby greeter) <input type="checkbox"/> <b>Patient Support</b> (Memory Bears, quilting, knitting, crocheting, sewing, Christmas caroling, deliver meals ) <input type="checkbox"/> <b>Resident Wing Volunteer</b> (front desk, laundry, shopping, baking, etc.) <input type="checkbox"/> <b>Licensed/Certificate Professional</b> (Reiki, Acupuncture, Massage, Manicurist, Cosmetologist, etc.) <input type="checkbox"/> <b>Camp New Dawn</b> (serve grieving children at our annual bereavement summer camp held in August) <input type="checkbox"/> <b>Estate Treasures</b> (work in our upscale resale shop) <input type="checkbox"/> <b>Maintenance Volunteer</b> (general handyman services, lawn care, installing shelving, hardware, moving furniture, etc.) <input type="checkbox"/> <b>Pet Therapy Volunteer</b> (pet therapy certification required) <input type="checkbox"/> <b>Veteran Volunteer</b> (participate in Veteran ceremonies and visit with veteran patients) <input type="checkbox"/> <b>Birthday Club Volunteer</b> (deliver cake, balloons, card, etc. on patient's special day) <input type="checkbox"/> <b>Community Outreach/Administrative/Fundraising</b> (clerical, data entry, outreach, website, fundraising, etc.)						
Why have you chosen to volunteer with Compass Regional Hospice?						
Please describe any work or other experiences which you feel have prepared you to be a volunteer:						
What personal characteristics will allow you to best carry out your role as a volunteer?						
The last death I was impacted by was _____ year(s) ago and the relationship was _____.						
Special talents, skills and/or abilities:						
<b>References:</b> I understand that after receiving training and orientation I will be required to provide two reference forms to individuals who know me on a personal or professional basis. By checking this box, I am authorizing CRH to contact my references in the future <input type="checkbox"/>						
<b>Referral Source:</b> How did you hear about volunteering with Compass Regional Hospice? <input type="checkbox"/> Family/Friend <input type="checkbox"/> TV/Radio/Newspaper (specify) _____ <input type="checkbox"/> CRH Staff / Volunteer (name) _____ <input type="checkbox"/> Internet (specify website) _____ <input type="checkbox"/> Brochure / Flier (specify location) _____ <input type="checkbox"/> Other (specify) _____						
<b>Signature</b>					<b>Date</b>	

Please return completed application to Compass Regional Hospice ~ 255 Comet Drive ~ Centreville, MD 21617

Phone: 443-262-4100 • Fax: 410-758-5471 •

Email: [cwilliams@compassregionalhospice.org](mailto:cwilliams@compassregionalhospice.org) • Web: [www.compassregionalhospice.org](http://www.compassregionalhospice.org)