



VOLUNTEER PROFILE
Application

Date: _____

Name: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Which number do you prefer to be the primary number? _____

Current Place of Employment: _____ Email Address: _____

Hospice Anniversary: _____ Date of Birth: _____

Spouse's Name: _____ Wedding Anniversary: _____

Names and Ages of children in the home? _____

Why do you want to be a volunteer with Shepherd's Cove Hospice?

What are your goals for volunteering with SCH?

Volunteer Experience: _____

Has someone close to you died recently? _____

List any foreign languages you speak: _____

Are you a member of the Retired Senior Volunteer Program (RSVP)? _____

Are you a Veteran? _____ Branch of Service(s): _____

Religious/church/community involvement: _____

Emergency Contact Information:

Name: _____ Telephone #: _____

Name: _____ Telephone #: _____

Health Issues/concerns/allergies: _____

Fun Facts - What is your favorite:

Restaurant? _____ Candy? _____

Gifts/Collectibles? _____ Sports Team? _____

