



Volunteer Application

Applicant Name: _____ Date: _____

Cell Phone: _____ Home Phone: _____

Mailing Address: _____
Number & Street City State Zip Code

Permanent Address: _____
(if different than above) Number & Street City State Zip Code

Email Address: _____

How were you referred to McCortney Family Hospice? _____

Which office do you want to volunteer with? Ada _____ Norman _____

Are you over the age of 18? Y/N

Are you a United States citizen? Y/N

Do you have a valid driver's license? Y/N

Do you speak any foreign languages? Y/N If yes, _____

Have you ever been convicted of a felony or misdemeanor? Y/N

If yes, please state nature of the crime(s), when and where convicted, and disposition of the case. _____

Education & Employment:

High School, name & city: _____

College/Vocational School, name, city, course of study: _____

Military service: branch, rank, years of service: _____

Current Employer: _____

Prior Volunteer Experience:

Please list organizations, type of volunteer duties performed, and length of time with each. _____

Activities & Interests:

Please list your hobbies and interests and, if you wish, any organizations to which you belong. _____

Personal References:

Name: _____ Telephone number: _____
Relationship to You: _____ Years acquainted: _____

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