



VOLUNTEER APPLICATION

CHECK AREA REQUESTING TO SERVE AS VOLUNTEER:

Volunteer Services

Pastoral Care

Hospice of West Tennessee

Name _____

Home Address _____ E-Mail Address _____

City, State, Zip _____ Phone _____

Are you under 18 years of age? Yes No If yes, date of birth _____

If referred by a volunteer or employee of WTH, please list name _____

EDUCATION

Name of last school attended _____ Highest Grade/Level Achieved _____

WORK EXPERIENCE – Present or last employer

Employer _____ Dates _____

Address _____

Position & Duties _____

VOLUNTEER EXPERIENCE

Agency _____ Address _____

Duties _____ Dates _____

PERSONAL REFERENCES – Other than relatives (Please Print Clearly)

Name	Address	City/State/Zip	Phone
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1. _____

2. _____

Please state why you are interested in becoming a volunteer.

Within the past seven years, have you either (1) been convicted by any court, including court of military justice, of a felony, or (2) been released from prison following conviction of a felony? (For purposes of this application, consider felonies to include any crime which is punishable by imprisonment or execution.)

Yes No

IN CASE OF EMERGENCY, the hospital should notify whom:

Name _____ Address _____

Phone _____ Relationship _____

HOURS AVAILABLE FOR VOLUNTEERING:

List day(s) you prefer to work _____ Hours preferred _____

COMPLETE FOR HOSPICE OF WEST TENNESSEE ONLY:

Do you have the ability to drive? Yes No

Do you have a current valid TN Driver's License? Yes No

Do you have a vehicle at your disposal? Yes No

What City(s)/County do you prefer? _____

COMPLETE FOR PASTORAL CARE ONLY:

Religious Affiliation _____

Current Church _____ Pastor or Minister _____

Address _____ City, State, Zip _____

Attestation for All Volunteer Applicants:

I hereby certify that all answers given by me on this application are true to the best of my knowledge. I authorize West Tennessee Healthcare, Inc. to contact references whom I have listed on the application for the purpose of obtaining information about me. I also authorize West Tennessee Healthcare, Inc. to check my criminal record for the purpose of investigating any past convictions that could prohibit certain areas of volunteer assignment. I release West Tennessee Healthcare, Inc. from any liability based upon such. I understand that if selected as a volunteer, I will be considered unpaid staff, and will be responsible for adhering to the policies and procedures of West Tennessee Healthcare, Inc.

Signature _____ Date _____