

Tahoe Forest Hospice
P.O. Box 759, Truckee, CA 96160
530-582-3534 (fax) 530-582-6278
VOLUNTEER APPLICATION
Patient / Family Support

Name: First: _____ Middle: _____ Last Name: _____

Home Address: _____

Mailing Address (If different): _____

e-mail address: _____

Phone: _____ Cell: _____ Birth Month _____ Day _____

Transportation? Yes No

Emergency contact: _____ Phone # _____

Languages spoken other than English _____

Interests and hobbies _____

When available to do volunteer work (time of day/days of the week) _____

When are you NOT available?: _____

Allergies: (Including cigarette smoke, animals, perfume, etc.) _____

Have you or your friends/family had any experience with hospice? Please explain: _____

I am willing to work in the following geographical areas (check all that apply):

- | | | |
|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Truckee | <input type="checkbox"/> Homewood | <input type="checkbox"/> Graeagle |
| <input type="checkbox"/> Kings Beach | <input type="checkbox"/> Tahoe City | <input type="checkbox"/> Sierraville |
| <input type="checkbox"/> Incline Village | <input type="checkbox"/> Portola | <input type="checkbox"/> Loyalton |

I am interested in participating in the following areas (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Patient / Family Support (visiting) | <input type="checkbox"/> Long Term Care Facility |
| <input type="checkbox"/> Bereavement Support | <input type="checkbox"/> Administrative/Office Support |
| <input type="checkbox"/> Children's Bereavement | <input type="checkbox"/> Fundraising |

Have you ever been arrested or convicted of a crime? Yes No (Do not include any marijuana possession misdemeanor convictions more than two years old. Note: Convictions are not an automatic bar to volunteerism).
If "Yes," please explain: _____

All Volunteers are required to have a Background Check and a TB test at no charge to you. You will be given authorization forms during the interview process.

Please list the names of people to contact who can provide us with a personal or professional reference:

Name _____ Phone _____

Name _____ Phone _____

Applicant Signature _____ Date _____

Thank you for your interest in Volunteering
Please return your completed application to Val Sutter, Volunteer Coordinator
P.O. Box 759, Truckee, CA 96160
If you have any questions, call Val at 530-582-3534