

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

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) _____

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

When are you unavailable? _____

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 Sutter at 530-582-3534