



# Volunteer Information Form



## VOLUNTEER INFORMATION FORM

Please complete and submit the following information, upon completion of training and receipt of volunteer assignment.

### PERSONAL INFORMATION

Title:  Mr.  Mrs.  Ms.  Miss  Other \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Maiden Name \_\_\_\_\_ Nickname or Preferred Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) Gender  Male  Female

Marital Status:  Single  Married  Widowed Spouse's Name (if married) \_\_\_\_\_

Ethnic Background:  Caucasian  African American  Hispanic  Asian/Pacific Islander  
(Optional, for grant reporting)  American Indian/Alaskan Native  Other \_\_\_\_\_

Educational Background:  High School  Some College  AA Degree  College Graduate  
 Post Graduate  Other \_\_\_\_\_

Military Service: Status:  Active Duty  Reserve  Retired  Discharged

Branch:  Air Force  Army  Navy  Marines  Coast Guard  National Guard

Heard about Volunteering for Covenant:  Newspaper  TV  Radio  Covenant Website  Flyer

Employee (name) \_\_\_\_\_  Volunteer (name) \_\_\_\_\_  Other \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone ( ) \_\_\_\_\_  Home  Work  Cell

Phone ( ) \_\_\_\_\_  Home  Work  Cell

### GENERAL HISTORY

Have you ever been convicted of a misdemeanor, felony or released from incarceration or probation?  Yes  No  
If yes, please explain:

\_\_\_\_\_

Conviction of a crime is not an automatic disqualification. All circumstances will be considered, including age at time of offense, whether first offender conviction, seriousness and nature of violation and rehabilitation.

## SKILLS

We have a volunteer skills and interests database and would like to include your information.  
Please check your skills and interests and describe in the spaces below.

- |   |  |
|---|--|
| <input type="checkbox"/> Administrative _____             | <input type="checkbox"/> Music _____           |
| <input type="checkbox"/> Computer _____                   | <input type="checkbox"/> Sewing _____          |
| <input type="checkbox"/> Cooking _____                    | <input type="checkbox"/> Crafts _____          |
| <input type="checkbox"/> Baking _____                     | <input type="checkbox"/> Scrapbooking _____    |
| <input type="checkbox"/> Housekeeping _____               | <input type="checkbox"/> Maintenance _____     |
| <input type="checkbox"/> Hospitality _____                | <input type="checkbox"/> Construction _____    |
| <input type="checkbox"/> Complimentary Therapy _____      | <input type="checkbox"/> Lawn Care _____       |
| <input type="checkbox"/> Foreign Language Spoken _____    | <input type="checkbox"/> Public Speaking _____ |
| <input type="checkbox"/> Photography/Videography _____    | <input type="checkbox"/> Pet Visitation _____  |
| <input type="checkbox"/> Career/Professional Skills _____ |  |
| _____   |  |
| <input type="checkbox"/> Other _____                      |  |
| _____   |  |

## RELIGIOUS/CIVIC AFFILIATION

Place of Worship \_\_\_\_\_ Religious Preference \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Civic/Professional Organization \_\_\_\_\_  
Civic/Professional Organization \_\_\_\_\_

*If you are currently a student, please complete the following:*

High School     College/University  
Name of School \_\_\_\_\_ Class of \_\_\_\_\_

*If you are under 18 years of age, please complete the following:*

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone (    ) \_\_\_\_\_  Home    Work    Cell  
Phone (    ) \_\_\_\_\_  Home    Work    Cell

## EMPLOYMENT HISTORY

Currently employed?  Yes  No Retired?  Yes  No

What is/was your profession? \_\_\_\_\_ Job Title \_\_\_\_\_

If you are currently employed, please complete the following:

Place of Employment \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Extension \_\_\_\_\_ Fax ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

May we contact you at work?  Yes  No

Do you hold a current professional license?  Yes  No

If yes, please complete: State \_\_\_\_\_ Type of License \_\_\_\_\_

License # \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Does your employer match your charitable donations?  Yes  No  Don't Know

## PERSONAL REFERENCES (Other than family members)

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Volunteer \_\_\_\_\_ Years known \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Volunteer \_\_\_\_\_ Years known \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Volunteer \_\_\_\_\_ Years known \_\_\_\_\_

The information I have provided on this application is accurate to the best of my knowledge. I authorize Covenant Hospice to conduct a criminal background check and to request personal references prior to volunteer placement.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_