

Covenant
HOSPICE 

a special kind of caring

— *Licensed in Florida in 1983* —

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.

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

Name _____ Phone () _____

Street Address _____ Apt # _____

City _____ State _____ Zip Code _____

Name _____ Phone () _____

Street Address _____ Apt # _____

City _____ State _____ Zip Code _____

Name _____ Phone () _____

Street Address _____ Apt # _____

City _____ State _____ Zip Code _____

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 _____