



LEADERS IN HOSPICE AND PALLIATIVE CARE
A caring not-for-profit partnership of Bellin Health, St. Mary's and St. Vincent Hospitals

Volunteer Application

please print

Applicant name: _____ Date: _____
Last First Middle

Address: _____
Street City State Zip

Phone number: _____ **Cell number:** _____ **Work number:** _____

Email address: _____

How do you prefer to be contacted? Home Phone Work Phone Cell Phone Email

Current or Former Occupation _____

Current or Former Employer _____

How did you hear about Unity? _____

Why do you want to volunteer for Unity? _____

Describe any personal experiences you have had with loss. _____

Describe any personal experiences you have had caring for an individual with a serious illness. _____

Have you had a loved one on Unity's program? _____

Specialized training/education/skills/work experience. _____

Special Interests (hobbies/music/art/cards, etc): _____

Turn over to complete page 2 of this application.

Current/Previous Group Involvement/Volunteer Experience: _____

First Contact

Emergency Contact _____ Phone _____

Relationship _____

Second Contact

Emergency Contact _____ Phone _____

Relationship _____

Are you able to make a one-year commitment to volunteering with Unity? _____ Yes _____ No

If no, what commitment are you able to make? _____

Generally, I am available to volunteer (check all that apply):

Mornings Afternoons Evenings Weekdays Weekends

Generally, what type of work are you drawn to?

Patient/Family Care Creative Projects Hospice Residence
 Office Assistance Community Outreach

To become a Unity Volunteer, each individual must go through a day-long orientation, please indicate which days you are likely able to attend:

Weekdays Saturdays Special Notes: _____

References - List 2 reference names, telephone numbers, and years known (do not include relatives):

I hereby certify that the answers provided by me are true and correct to the best of my knowledge. I also understand that every applicant will be required to pass a background check and attend orientation prior to becoming an active volunteer.

Applicant Signature: _____ Date: _____