

# Volunteer Application

Applicants must have a valid U.S. social security number and driver's license. **PLEASE PRINT:**



255 Comet Drive  
Centreville, MD 21617  
P: 443.262.4100 F: 410.758.5471

Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Title (please circle one): Mr. Mrs. Ms. Miss Dr.				
Name (last, first):		Preferred First Name:				
Address:		City:			Zip:	
Phone 1: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		Phone 2:			<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
E-mail address:						
Occupation (if retired, please list previous occupation):						
Driver's License #:		State:		Date of Birth (month/day/year):		
In Emergency Notify:		Relationship:			Phone:	
<b>Area(s) of volunteer interest</b> (please select all that apply):						
<input type="checkbox"/> <b>General Patient Care</b> (providing companionship for patients and/or relief for their caregivers; bereavement; vigil)						
<input type="checkbox"/> <b>Clerical/Administrative Volunteer</b> (provide general office support, answer phones, data entry, filing, lobby greeter)						
<input type="checkbox"/> <b>Patient Support</b> (Memory Bears, quilting, knitting, crocheting, sewing, Christmas caroling, deliver meals )						
<input type="checkbox"/> <b>Resident Wing Volunteer</b> (kitchen, laundry, shopping, baking, etc.)						
<input type="checkbox"/> <b>Licensed/Certificate Professional</b> (Reiki, Acupuncture, Massage, Manicurist, Cosmetologist, etc.)						
<input type="checkbox"/> <b>Camp New Dawn</b> (serve grieving children at our annual bereavement summer camp)						
<input type="checkbox"/> <b>Estate Treasures</b> (work in our upscale resale shop)						
<input type="checkbox"/> <b>Maintenance Volunteer</b> (general handyman services, lawn care, installing shelving, hardware, moving furniture, etc.)						
<input type="checkbox"/> <b>Pet Therapy Volunteer</b> (pet therapy certification required)						
<input type="checkbox"/> <b>Veteran Volunteer</b> (participate in Veteran ceremonies and visit with veteran patients)						
<input type="checkbox"/> <b>Birthday Club Volunteer</b> (deliver cake, balloons, card, etc. on patient's special day)						
<input type="checkbox"/> <b>Community Outreach/Administrative/Fundraising</b> (clerical, data entry, outreach, website, fundraising, etc.)						
<input type="checkbox"/> <b>Recreational Activity Volunteer</b> (organize activities in the Hospice Center like bingo, cards, reading, music, etc.)						
Why have you chosen to volunteer with Hospice of Queen Anne's?						
Please describe any work or other experiences which you feel have prepared you to be a volunteer:						
What personal characteristics will allow you to best carry out your role as a volunteer?						
The last death I was impacted by was _____ year(s) ago and the relationship was _____.						
Special talents, skills, abilities:						
<b>References:</b> I understand that I will be required to provide two reference forms to individuals who know me on a personal or professional basis. By checking this box, I am authorizing HQA to contact my references <input type="checkbox"/>						
<b>Referral Source:</b> How did you hear about volunteering with Hospice of Queen Anne's?						
<input type="checkbox"/> Family/Friend		<input type="checkbox"/> TV/Radio/Newspaper (specify) _____				
<input type="checkbox"/> HQA Staff / Volunteer (name) _____		<input type="checkbox"/> Internet (specify website) _____				
<input type="checkbox"/> Brochure / Flier (specify location) _____		<input type="checkbox"/> Other (specify) _____				
<b>Signature</b>					<b>Date</b>	