

Angels of the Valley Hospice

2490 Honolulu Ave Suite 115 Montrose CA. 91020 Tel. No. (818) 542-3070 Fax No. (818) 542-3071

VOLUNTEER APPLICATION

We consider applicants for all positions without regard to race, color, religion, sex age, marital or veteran status, the presence of a non-job related medical condition or handicap or any other legally protected status.

(Please Print)

Position(s) Applied For:

Date of Application:

How did you learn about us?

- Advertisement Friend Walk in
 Employment Agency Relative Other _____

Last Name

First Name

Middle

Address

Street

City

State

Zip Code

Telephone Number(s)

Social Security Number

HOME #

CELL #

If you are under 18 years of age, can you provide required proof of your eligibility to work?

YES NO

Have you ever filed an application with us before?

YES NO

If yes, give date _____

Have you ever been employed with us before?

YES NO

If yes, give date _____

Are you currently employed?

YES NO

Are you allergic to animals?

YES NO

Are you prevented from lawfully becoming employed in this country because of visa or immigration status?

YES NO

(Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? _____

Are you available to work:

Full time Part time Shift Work Temporary

Are you comfortable visiting a patient's home?

YES NO

Do you have reliable transportation?

YES NO

Have you been convicted of a felony within the last 7 years?

YES NO

If yes, please explain:

Emergency Contact Person : _____

Relation: _____

Tel # home-cell : _____

VOLUNTEER EXPERIENCE/PREFERENCES

Are there any patients/patient issues you are uncomfortable with?

Have you volunteered in the healthcare field prior to today?

Why do you want to be a hospice volunteer?

References

Please give three references not related to you. Whom you have known for at least 1 year.

Name	Address	Business	Years Known	Phone Number

I certify that the answers given here in are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at employment decision.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship is of an "at will" nature, which means that the Employee may resign at any time and the employer may discharge employee at anytime with or without cause. It is further understood that this "at will" employment relationship may not be changed by

In the event of employment. I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that i am required to abide by al rules and regulations of the employer.

Signature of Applicant _____ Date: _____

