



## Volunteer Application

Full Name:

Date:

Address:

Phone:

Email:

Date Available:

Availability: How many hours per week would you volunteer?

What day (s) work best:

Morning

Afternoon

Evening

Volunteer position and gifts you wish to share:

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### Education

High School:

Did you graduate?

Address:

College:

Degree:

Address:

Other Training Program:

Address:

## Employment History

Company:

Phone:

Address:

Supervisor:

Job Title:

Responsibilities:

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Company:

Phone:

Address:

Supervisor:

Job Title:

Responsibilities:

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Reason you would like to volunteer at Journey Hospice?

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Have you ever volunteered for a hospice agency?

How did you hear about us?

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## References

Name:

Relationship:

Years Known:

Company:

Phone:

Address:

Email:

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Name:

Relationship:

Years Known:

Company:

Phone:

Address:

Email:

---

Name:

Relationship:

Years Known:

Company:

Phone:

Address:

Email:

## **Military Service**

Branch:

Years Served:

Rank at Discharge:

### **Disclaimer & Signature (Electronic)**

*I hereby affirm that the information given by me on this application is accurate and complete. I understand that any falsification, misstatement or omission on this application, or otherwise providing false information to Journey Hospice, will be grounds for immediate dismissal. I agree to conform to the rules and regulations of Journey Hospice as well as all federal, state and local laws, rules and regulations governing hospice patient care. I understand that my volunteer service is at-will and no contract rights have been created by this application. I authorize Journey Hospice to conduct a thorough investigation to verify the information on this application and authorize all previous employers or person who have knowledge of me, or my records, to release such information to Journey Hospice. I understand that any offer of volunteer service is conditioned upon satisfactory completion of a background check and of the verification process. Journey Hospice is an equal opportunity employer and does not discriminate in hiring/volunteering or terms and conditions of employment based on an individual's race, creed, color, sex, sexual orientation, age, marital status, religion, citizenship, disability or national origin.*

**Signature:**

**Please return the completed application to:**

**Journey Hospice**

**Attn: Volunteer Coordinator**

**6712 Washington Ave**

**Suite 201**

**Egg Harbor Township, NJ 08234**

**Fax: 609-380-4305**

**Email: [bgebhart@ismnj.org](mailto:bgebhart@ismnj.org)**