



Hospice of the Foothills

2399 Nevada City Hwy., Grass Valley, CA 95945 * 530-272-5739 FAX 530-272-0328

Volunteer Application Office/Clerical Worker

Thank you for considering Hospice of the Foothills as an opportunity for volunteering. We appreciate you choosing this agency as one of your volunteer choices. When complete, please return to Hospice of the Foothills, Attn: Volunteer Coordinator.

I, the applicant, understand that Hospice of the Foothills will, after an appropriate orientation, place my name on a clerical pool list and will use me as projects arise.

I further understand that it is the policy of Hospice of the Foothills to perform background checks on all volunteers associated with this agency. Also required will be a health exam provided by our agency physician and TB testing both to be at the expense of this agency. Proof of California Driver's License and liability insurance may also be required.

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: Home _____ Work: _____ Cell: _____

Mailing Address (if different) _____

What type of special skills do you possess?

Have you ever been convicted of a felony? yes no. If yes, please explain _____

Do you have any physical limitations. If yes, please explain _____

Person to notify in the event of an emergency _____

Phone: () _____ Alternate Phone () _____

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Please list 3 personal or professional references who you are unrelated to:

Name: _____ Phone: _____

Address _____

_____ city state zip

Name: _____ Phone: _____

Address _____

_____ city state zip

Name: _____ Phone: _____

Address _____

_____ city state zip