



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: \_\_\_\_\_