



Compassion for Life

VOLUNTEER APPLICATION

[Print Information]

Name of Applicant _____ Birth Date _____

Address _____

City _____ Zip _____ Email _____
(if effective way to communicate with you)

Home Phone () _____ Cell () _____ Work Phone () _____

Employer _____ Occupation _____ Retired _____
(if applicable)

Person to be notified in an emergency:

Name _____ Phone () _____

Relationship _____

Address _____ City _____ Zip _____

Education/Special Training _____

Work Experience (Past & Present, if Applicable) _____

Volunteer Experience _____

Hobbies _____

Two Personal References: (references should know you for at least one year and should not include family members) Please provide a **complete** address as references are verified by mail.

Name _____ Phone () _____

Address _____ City _____ Zip _____

Name _____ Phone () _____

Address _____ City _____ Zip _____

BACK...



Compassion for Life

Indicate Areas of Volunteer Interest:

DIRECT PATIENT CARE

<input type="checkbox"/> Relieve Caregiver/Home Care	<input type="checkbox"/> Elizabeth House	<input type="checkbox"/> Other _____
<input type="checkbox"/> Nursing Home/Assisted Living	<input type="checkbox"/> Complementary Therapy (must be licensed/trained)	_____
<input type="checkbox"/> Transportation/Errands	<input type="checkbox"/> Bereavement Support (must be a patient care volunteer for a minimum of 6 months-1 year)	

INDIRECT

<input type="checkbox"/> Faith Community Representative	<input type="checkbox"/> Mailings	<input type="checkbox"/> Special Events/Fundraising
<input type="checkbox"/> Office Support	<input type="checkbox"/> Baking	<input type="checkbox"/> Deliver Agency Publications
<input type="checkbox"/> Computer/Data Entry	<input type="checkbox"/> Sewing	<input type="checkbox"/> Thrift Store
<input type="checkbox"/> Telephoning	<input type="checkbox"/> Gardening/Landscaping	<input type="checkbox"/> Speakers Bureau

Do you speak a language other than English? Yes No

If yes, which language? _____

Do you have a valid driver's license? Yes No

(Proof of automobile insurance will be required).

Please describe any physical limitations _____

How did you hear about our volunteer program? _____

Why do you want to be a Four Seasons volunteer? _____



Compassion for Life

What qualities (*skills, talents, knowledge and experiences*) **do you feel you can incorporate into your Four Seasons volunteer work?**

What is your religious affiliation? _____

Name, if any, of the place where you worship? _____

Death and Dying:

What are your thoughts and feelings about death?

Has someone close to you died within the past year? Yes No **Relationship:** _____

Have you ever been with someone at the time of their death? Yes No

If yes, please describe briefly: _____

Have you ever provided care to anyone who was dying? Yes No
(If yes, please explain)

When thinking of your own death, what words best describe death to you?

I do not think of my own death sorrowful natural frightening

painful joyful heavy peaceful dark

Comments: _____

BACK...



Consent to Publish or Photograph

I give consent to *Four Seasons* to use/release images or written materials that personally identify me for marketing or volunteer recruitment.

Signature

Declaration

I hereby certify that the statements made on this application are true and correct to the best of my knowledge. I understand that, by submitting this application I authorize inquiries to be made concerning my employment, character and public records for the purpose of determining my suitability as a volunteer. I agree to respect the confidentiality of any client information I acquire in the course of my volunteer activities with *Four Seasons*.

Applicant Signature

Date

Return to:

Four Seasons
Attn: Director of Volunteer Services
571 S. Allen Road
Flat Rock, NC 28731