



TEEN VOLUNTEER APPLICATION

1510 E. Flower St.
Phoenix, AZ
85014.5699

602.530.6900
Fax 602.636.5375

A not-for-profit organization

Please fill out each section completely.

PERSONAL DATA	Last Name		First Name		Middle	
	Home Phone ()		Birth Date	Graduation Date		
	Cell Phone ()		Email Address			
	Address		City	Zip Code		
	Major Cross-Streets		High School(s) Attended	School Year: <input type="checkbox"/> Fr <input type="checkbox"/> So <input type="checkbox"/> Jr <input type="checkbox"/> Sr		
VOLUNTEER QUALIFIERS	Why are you interested in volunteering for HOV?					
	What qualities do you possess and volunteer experiences have you had that would make you a good volunteer?					
Please check all that apply	What is your area of volunteer interest? <input type="checkbox"/> Patient Care <input type="checkbox"/> Clerical Support <input type="checkbox"/> Thrift Shoppe <input type="checkbox"/> Other: _____					
	Will you be able to commit to an 18-hour training program and 50 hours of service in a 12-month period? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	When are you able to provide your volunteer service? <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekend <input type="checkbox"/> Flexible					
	Have you experienced a significant loss in the past year? <input type="checkbox"/> Family or friend death (specify): _____ <input type="checkbox"/> Family Divorce <input type="checkbox"/> Move <input type="checkbox"/> School Change <input type="checkbox"/> None <input type="checkbox"/> Other: _____					
	How do you cope with change / loss?					

ADDITIONAL INFORMATION	Other than the Phoenix area, where have you lived?	
	What are your educational goals?	
	Are you employed? If yes, where? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we call you at work? If yes, list phone: <input type="checkbox"/> Yes <input type="checkbox"/> No
	List any clubs or extracurricular activities in which you are involved:	
	Do you read and/or speak a foreign language? If yes, please specify: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Drivers License State and Number	Auto Insurance Policy Provider and Policy No.
	Have you been convicted of a misdemeanor or felony? * <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what offense(s), date and where?
	*A conviction will not necessarily disqualify applicant from volunteering. Convictions are evaluated in relation to the position applied for.	
REFERRAL AND REFERENCES	How were you referred to Hospice of the Valley?	
	Personal Non-Family Reference	
	Name: _____ Relationship: _____ Address: _____ Phone No: _____ City, State, Zip: _____ Years Known: _____	
	School Counselor or Teacher	
Name: _____ Phone No: _____ School: _____ Extension: _____ Years Known: _____		
OPTIONAL	We consider applicants for volunteering without regard to race, color, religion, national origin, sexual orientation, age, or disability. Answering the following questions is optional and all information is confidential. The information will be used to gather collective demographic information on volunteerism.	
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race/Ethnic group: <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other: _____

Please share with us any information about your family that you would like us to know: _____

In the event of an emergency or accident while volunteering with Hospice of the Valley, whom should we contact?

Name: _____ Relationship: _____ Phone: _____

APPLICANT ACKNOWLEDGMENT

This application will not be considered complete without signature.

I authorize Hospice of the Valley and/or its agents to investigate all statements contained in this application for volunteer work as may be necessary in arriving at a volunteer decision, including but not limited to a background search/verification, reference check with school principal, teacher and/or guidance counselor, criminal record search, driving record, education and licensure certification. I authorize law enforcement authorities to release any information concerning my background and hereby release authorities from any liability for any damage whatsoever for issuing this information.

I understand that I will participate in a volunteer interview. I also agree to abide by all policies, regulations and guidelines established by Hospice of the Valley.

Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____