

Office _____

Name _____

Home Address _____

Town _____

Zip Code _____

Home Phone # _____

Work Phone # _____

Date of Birth _____

Social Security Number _____

Email Address _____

Check Category of interest: direct patient volunteer office/clerical volunteer

(you may check more than one)

spiritual care bereavement volunteer special event complementary therapy
music, art, pet, reiki, massage

Education:

High School:	Yrs. Attended:	Degree:
College:	Yrs. Attended:	Degree:
Graduate School:	Yrs. Attended:	Degree:

Additional Training/Certifications: _____

Work Experience (list last employer first):

Employer (Name and Address)	Title/Duties	From:	To:	Reason for Leaving

Have you ever been subject to any disciplinary action regarding cruelty or assault? yes no

Connecticut Driver's License? yes no Driving Restrictions? yes no

If yes, please explain _____

Name of your automobile insurance carrier _____

We will need a copy of your automobile policy's declaration page

Do you have any physical limitations of which we should be made aware? yes no

If yes, please explain _____

Volunteer History:

Agency	Duties	From:	To:	Reason for leaving?

Why do you wish to volunteer for Masonicare Home Health and Hospice?

Please list hobbies, special talents, foreign languages, organizations, special interests:

Are you willing to help with any of the following on an as needed basis?

- General Clerical Mailings Hand Addressing envelopes
 Helping with recruitment presentations Special Events Data Entry
 Translating

In case of emergency please notify:

Name _____ Phone _____

Address _____ Relationship _____

I hereby give Masonicare Home Health and Hospice, or any agent thereof, permission to verify the information contained on this form. I understand that my references will be contacted. I understand that I am expected to inform Masonicare's Hospice, of any significant changes in my health status that would negatively impact my ability to perform the tasks to which I am assigned.

Signature

Date