

Volunteer Application

If you would like to join the Auburn Crest Hospice volunteer program, please complete the following:

1. Submit this completed application, with a copy of your driver license.
2. List 2 references, with complete addresses and phone numbers.
3. Attend our volunteer training class.

Name _____

Address _____

City _____ Zip _____

Home Telephone Number _____

Cell Phone Number _____

Driver License Number _____

Social Security Number _____

Maiden or Other Name _____

Are you currently employed? ___ No ___ Yes ___

Full Time _____ Part Time _____ If Yes, Where?

What do you feel are your special skills, talents or hobbies?

Volunteer Experience: Please list the agencies or areas where you have served as a volunteer.

Why would you like to volunteer for Auburn Crest Hospice?

Auburn Crest Volunteer

Idaho Law permits obtaining record of convictions, deferred adjudications of felony charges and current offenses. I understand a criminal history check may be done.

Yes _____ Initial _____

Have you ever been convicted of a misdemeanor or felony?

_____ Yes _____ No

If Yes, please state reason and charges:

Date of Charge: _____

References

Name /Telephone Number /Relationship / Title

Name/ Telephone Number/ Relationship / Title

By signing below, I certify this information is true and correct to the best of my knowledge and I understand that any misrepresentation or willful omission of facts will be cause for rejection of this application or termination of my volunteer association. I hereby authorize Auburn Crest Hospice to conduct personal reference checks, driving history and/or criminal conviction records to determine my acceptability for a volunteer position. I further agree to observe all rules, regulations and policies of Auburn Crest Hospice, LLC.

Signature: _____

Date: _____

For more information, please call Auburn Crest at (208) 376-7298.