



Monarch Hospice & Palliative Care

Dedicated to Enhancing Quality of Life

APPLICANT INFORMATION - VOLUNTEER			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Volunteer Services you might provide	<input type="checkbox"/> Vigil <input type="checkbox"/> Homemaker <input type="checkbox"/> Office Help <input type="checkbox"/> Sr. Fair Booths <input type="checkbox"/> RN, CNA <input type="checkbox"/> Bereavement <input type="checkbox"/> Reading or <input type="checkbox"/> Integrative Therapies <input type="checkbox"/> Pet Therapy <input type="checkbox"/> Music or Arts Therapy <input type="checkbox"/> Driver <input type="checkbox"/> Other _____		
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

INTERESTS AND SKILLS

PREVIOUS EMPLOYMENT / MILITARY SERVICE

REFERENCES		
<i>Please list three references .that are not family</i>		
Full Name	Relationship	Phone
Full Name	Relationship	Phone
Full Name	Relationship	Phone

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date