

550 Summit Ave.
Troy, OH 45373
(937) 335-5191
(937) 335-8841

Hospice of Miami County Volunteer Application



Name _____
Last First Middle

Address _____
Street City State ZIP

Phone _____
Home Cell Work

E-Mail _____

Emergency Contact _____
Name Phone(s)

Current or Former Employer _____

Profession _____

Have you ever plead guilty or been convicted of a crime*? Yes No

If "yes," please explain: _____

1. How did you hear about our volunteer program?

- | | |
|---|---|
| <input type="checkbox"/> Employee/Volunteer
Name _____ | <input type="checkbox"/> Outreach Presentation/Fair |
| <input type="checkbox"/> Friend/Neighbor
Name _____ | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Pet Therapy Program |
| <input type="checkbox"/> Personal Hospice Experience | <input type="checkbox"/> Community Publication |
| <input type="checkbox"/> School/Community Organization | <input type="checkbox"/> Other _____ |

2. Explain your interest in volunteering with Hospice of Miami County:

3. Special skills or training you are willing to share with us:

Continued →

4. Volunteer service to other organizations in the last five years:

** Hospice of Miami County requires background checks on all volunteers per state/federal requirements.*

References

Name	Address	Email	Phone	Relationship (not related to you)

Thank you for your interest in serving the community through Hospice of Miami County.

Please send this completed application to:

Hospice of Miami County
ATTN: Krissy McKim-Barker, Volunteer Coordinator
P.O. Box 502
Troy, Ohio 45373

Email: kmckimbarker@HospiceofMiamiCounty.org
Fax: (937) 335-8841