



# VOLUNTEER APPLICATION

**Hospice Care of Middletown**  
**1131 Manchester Ave.**  
**Middletown, OH 45042**  
**Phone: (513) 424-2273**  
**Fax: (513) 424-5450**

**Date of Application** \_\_\_\_\_

Please Print

Name \_\_\_\_\_  
(Last) (First) (M.I.)

Address \_\_\_\_\_  
(Street) (Apt.)

\_\_\_\_\_  
(City) (State) (Zip)

Telephone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

Sex \_\_\_ Birthdate (Month/Date/Year) \_\_\_\_\_ Social Security #(Optional) \_\_\_\_\_

Where did you learn about Hospice Care of Middletown? ( ) Media ( ) Friend ( ) Relative ( ) Other

Education ( ) Elementary 1 – 8 ( ) Secondary 9-12 ( ) College \_\_\_\_\_

Special Skills and/or Interests \_\_\_\_\_

Have you lost a loved one in the past 12 months? No \_\_\_ Yes \_\_\_ Relationship \_\_\_\_\_

List Three Personal References: (Preferably not a relative) Name, Address, Telephone

1. \_\_\_\_\_  
(Name) (Address) (Phone)

2. \_\_\_\_\_  
(Name) (Address) (Phone)

3. \_\_\_\_\_  
(Name) (Address) (Phone)

*You will be scheduled for an interview prior to our next volunteer training class.*

Signature \_\_\_\_\_ Date \_\_\_\_\_