



2550 Tenderfoot Hill St.
Colorado Springs, CO 80906
Phone (719) 633-3400 FAX: (719) 633-3800

VOLUNTEER APPLICATION FORM

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a disability, when otherwise qualified.

GENERAL INFORMATION:

Mr. Mrs. Ms. Other _____ male female

Last Name First Name Middle Initial

Address - Street City State Zip Code

Primary Phone Alternate Phone

E-mail Address Social Security #

Birthdate (mm/dd/yy)

Emergency Contact: Last Name First Name Phone Relationship to you

**Where did you hear about Pikes Peak Hospice & Palliative Care volunteer opportunities?
Please list specifics.**

Have you ever been a volunteer or paid employee of Pikes Peak Hospice & Palliative Care (PPHPC) or Pikes Peak Hospice Foundation (PPHF) before? Yes No

If yes what year? _____

Have you ever volunteered elsewhere? Yes No

If yes, where and in what capacity? _____

Have you ever been convicted of a felony or pleaded to a lesser offense? Yes No
If yes, please explain:

Are you required to complete volunteer hours for:
 School or Church Court Ordered Other _____



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References Please list the names, addresses, and phone numbers of two references (not related to you):

Name:	Relationship:
Email:	Phone Number:
Address:	
Name:	Relationship:
Email:	Phone Number:
Address:	

Volunteering at PPHPC can be a rewarding and challenging experience. Please give us some additional information about yourself by answering the following questions.

A. Are you willing to participate in training and experiences that may remind you of your losses?

B. Are there any situations that you think would make you uncomfortable?

C. Have you had a loss in the past year and when? Please describe your relationship with the deceased. (Please note that if you have had a loss in the last year, you may be asked to wait to volunteer until after one year has passed.)

D. How do you recharge and revitalize when you are feeling particularly tired, emotionally drained, or stressed?

E. Volunteer schedules can be flexible and we depend on you. Can you commit to your volunteer schedule?

Employer _____ Occupation _____

Please indicate your desired training session: Winter Spring Summer Autumn

 Signature of Applicant

 Date

A formal background check will be necessary to support your volunteer work