



*Always & Ever Hospice, Inc.*  
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**VOLUNTEER APPLICATION**

**PERSONAL INFORMATION**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Business Address: \_\_\_\_\_  
Street City State Zip

Business Phone #:(\_\_\_\_\_) \_\_\_\_\_ Social Security #: \_\_\_\_\_

**SKILLS AND TALENTS**

I have the following areas of experience to share as a hospice volunteer:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Typing                     | <input type="checkbox"/> Word Processing  | <input type="checkbox"/> Art Work                   |
| <input type="checkbox"/> Data Entry                 | <input type="checkbox"/> Answering Phones | <input type="checkbox"/> Filing                     |
| <input type="checkbox"/> Writing                    | <input type="checkbox"/> Calligraphy      | <input type="checkbox"/> Baking                     |
| <input type="checkbox"/> Photography                | <input type="checkbox"/> Public Speaking  | <input type="checkbox"/> Child Care                 |
| <input type="checkbox"/> Carpentry                  | <input type="checkbox"/> Home Repair      | <input type="checkbox"/> Education                  |
| <input type="checkbox"/> Lawn Care                  | <input type="checkbox"/> Auto Repair      | <input type="checkbox"/> Sewing                     |
| <input type="checkbox"/> Hair Care                  | <input type="checkbox"/> Dental Care      | <input type="checkbox"/> Pet Care                   |
| <input type="checkbox"/> Computer Hardware/Networks |   | <input type="checkbox"/> Computer Software/Training |

Business Operations: \_\_\_\_\_

Foreign Language: \_\_\_\_\_

Entertainment: \_\_\_\_\_

Counseling: \_\_\_\_\_

Healthcare: \_\_\_\_\_

I would like to volunteer and work directly with patients and/or family

I would like to volunteer in an administrative role such as special projects, office work, etc.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_