



Volunteer Service  
2300 Dulaney Valley Road  
Timonium, MD 21093  
(410.252.4500) ext 7315

## Volunteer Application

### Personal Information

Name: \_\_\_\_\_  
(First) (Middle) (Last) (Title- Mr., Mrs., Ms.)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_

### Person to Contact In Case of Emergency

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

### Skills and Interests

Education: \_\_\_\_\_

Occupation: \_\_\_\_\_

Hobbies, Interests, Skills:

\_\_\_\_\_  
\_\_\_\_\_

Languages (Foreign, Signing, Braille): \_\_\_\_\_

May we contact you if a family needs assistance in communicating? **Yes No**

### Previous Volunteer Experience:

List any volunteer experience:

\_\_\_\_\_  
\_\_\_\_\_

### **Hospice Applicant only:**

Have you experienced any deaths in your family or of anyone close to you? **Yes No**

Please explain your relationship to the person(s) & when they died:

\_\_\_\_\_  
\_\_\_\_\_

**Long Term Care and Hospice opportunities:**

Is there a particular type of volunteer work in which you are interested?

- Clerical Assistant                      Pastoral Care Ministry                      In-patient unit (Hospice)
- Escort                                      Maintenance Assistant                      Home Hospice
- Meal Assistant                              Programs & Activities Assistant                      Clerical Hospice
- Friendly Visitor                              Fundraising
- Salesperson (Gift Shop or Thrift Shop)

**Availability**

What time and day(s) are you interested in volunteering?

- Morning                      Afternoon                      Evening
- Monday                      Tuesday                      Wednesday                      Thursday                      Friday                      Saturday                      Sunday

When would you like to start? \_\_\_\_\_

**References**

Please list the names of two references *not related* to you whom you have known *at least one year*:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_

Have you ever been convicted to a violation of any State or Federal Law, excluding minor traffic violations? **Yes No**

If yes, explain: \_\_\_\_\_

**Authorization**

Your signature indicates that the facts contained in this application are true and complete to the best of your knowledge. If employed as a volunteer, falsified statements on this application shall be grounds for dismissal. You authorize Stella Maris to investigate your personal background, qualifications, and references. You acknowledge that it is the policy of Stella Maris not to share information obtained from such investigation with applicant in order to promote full and frank disclosure of information.

You understand that Stella Maris is not obligated to provide a placement for you nor are you obligated to accept the position offered.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_