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Volunteer Application

Date: _____

Name: _____ Date of Birth: _____

Address: _____

Email: _____

Preferred phone: _____ Other phone: _____

Emergency Contact: _____ Phone: _____

Are you able to receive calls at work? Yes _____ No _____ Emergency Only _____

Please list any professional licenses, certifications, or registrations you have:

Education/special training related to hospice care:

Work/Volunteer Experience:

Other special services/skills (art, music, foreign languages, grant writing, etc.):

Two personal references (excluding family members):

Name: _____

Phone Numbers: _____

Address: _____

Name: _____

Phone Numbers: _____

Address: _____

Do you have a current driver's license and proof of insurance? _____

Have you ever been convicted of a felony? _____

A background check through the State of Alaska is required of all volunteers, along with a T.B. test. Hospice of the Central Peninsula covers the cost of the background checks. T.B. tests are generously provided at no charge by PCHS.

Thank you for your interest in volunteering for Hospice of the Central Peninsula. Please read and sign below.

I, _____, certify that the information I provided in this application is true and complete to the best of my knowledge. I authorize Hospice of the Central Peninsula to contact my previous employers, provided references, and other resources to investigate any of the facts stated in this application. I specifically waive prior written notice of disclosure of any personnel record information, including disciplinary reports, letters of reprimand, or other disciplinary actions. In consideration of acceptance of my application, I release Hospice of the Central Peninsula and my previous employers of any claimed liability arising out of such response and disclosure.

Printed Name: _____

Signature: _____ Date _____