



Volunteer Application Form

Please Print or Type

Name: _____
Last First Middle

Address: _____

Phone: _____ Email _____

Date of Birth _____ Social Security # _____ Are you a veteran? Y or N

Where do you work/study? _____

Education (circle last year completed)

Grade 5 6 7 8

High School 9 10 11 12

College 1 2 3 4

Graduate 1 2 3 4

Previous volunteer experience (please specify) _____

Special training, skill, or interests _____

Areas of Interest for Volunteering: _____

Time available for volunteer work? _____

Can you provide your own transportation? _____

Do you have any physical limitations or disabilities? If so please specify: _____

Please List Three (3) References:

Name _____

Address: _____

Phone _____

Signature _____

Date _____

Please return complete form to:

Mountain Hospice
1002 S. Crim Ave
Belington, WV 26250
(304) 823-3922 phone
(304) 823-1993 Fax