

Volunteer Application - *Aplicacion para servir como Voluntario*

Name (Nombre) _____
Last (apellido) First (Nombre) Middle

Address (Direccion) _____
Street (Calle) City (Ciudad) State (Estado) Zip code

E-mail Address: _____

Home Phone (Tel. Casa) Work Phone (Tel. Trabajo) Beeper DOB (Fecha de N)

Social Security # (No. Seguro Social) Driver Lic. # (No. Lic. Conducir)

Auto Ins. Co. (seguro de automovil) _____

Submit Proof of Insurance (Provea comprobante del seguro)

Emergency Contact (En caso de Emergencia llamar) : _____
Name Relationship

Do you have any health related problems and/or physical limitations?

Family Physician _____ Phone _____

Doctor de Cabecera _____ Telefono _____

A Cooperative Service of the Archdiocese of Miami and Mercy Hospital.

14875 NW 77 Ave, Suite 100, Miami Lakes, Florida 33014- Telephone (305) 822-2380

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Name (Nombre) _____

Education: High School, College, Business, Vocational

School-City, State	Years Attended	Degree, Major

Employment History (Historial de Empleo)

Company, City, State	Dates	Work Description

Volunteer History (Experiencia como voluntario)

Company-City, State	Dates	Work Description

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Name (Nombre) _____

How did you learn about Catholic Hospice, Inc.?

Why do you want to be a Catholic Hospice Volunteer?

Volunteer Skills and Interests:

Available time for Volunteer Work

Daytime (de Dia) _____ Evenings (De Noche) _____ Weekends (Fines de Semana) _____

Do you speak any foreign language(s)?

Hobbies and Skills - crafts, hairdressing, homemaking, music, **etc-**

Name (Nombre) _____

Interested Areas of Volunteering

Administrative (Trabajo de Oficina)

Community Relations
(Trabajo con la Comunidad)

Patient Care (Cuidado de Pacient)

<input type="checkbox"/> Receptionist (repcionista) Telephoning (Llamadas telefonicas) <input type="checkbox"/> Bookkeeping (Contabilidad) <input type="checkbox"/> Photocopying (Fotocopias) <input type="checkbox"/> Computer Work <input type="checkbox"/> (Trabajo en Computadora) <input type="checkbox"/> Typing (Mecanografia) <input type="checkbox"/> Mass Mailings (Correspondencia)	<input type="checkbox"/> Speaker's Bureau (Charlas, discursos) <input type="checkbox"/> Fund-Raising (Recaudar Fondos) <input type="checkbox"/> Writer (Autor) <input type="checkbox"/> Photography (Fotografo) <input type="checkbox"/> Newsletter (Periodismo) <input type="checkbox"/> Art Work (Trabajos Creativos) Family Services (Servir a las Familias) <input type="checkbox"/> Funeral Arrangements (Tramires de Funeraria)	<input type="checkbox"/> Friendly Visit (Visitas) <input type="checkbox"/> Vigil Visit (Visitar durante crisis) <input type="checkbox"/> Recreation (Paseos) <input type="checkbox"/> Letter Writing (Escribir cartas) Bereavement (El Periodo de Luto) <input type="checkbox"/> Follow up Telephone Visits (Visitas por telefono) <input type="checkbox"/> Visits (Visitas) <input type="checkbox"/> Social Events (Eventos Publicos)
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Additional Comments (comentarios adicionales):

I authorize investigation of all statements contained in this application. I Understand that misrepresentation omission of facts called for is cause for dismissal. I understand that Catholic Hospice conducts background checks and motor vehicle driving reports on all employees and patient care volunteers.

Have you ever been convicted of a felony? _____

If "yes" what was the nature of the offense:
