



# Evergreen

The Pine Tree Hospice Center for  
Grieving Children and Adults

## VOLUNTEER APPLICATION

### Name

First

Last

Date

### Contact Info

Mailing Address

City

State

Zip

E-Mail Address

### Phone Numbers

Home #

Cell #

Work #

Fax #

### Personal Info

Birthdate

Number of Children (if any) - and - Age(s)

### Emergency Info

Person to contact in case of Emergency

Emergency Phone #

Physician

Physician Phone #

Medical/personal history we should be aware of, including any food allergies?

### Employment

Current Employer

Occupation/Title

Prior Employment Experience(s)

Volunteer and/or Facilitator Experience(s)



# VOLUNTEER APPLICATION ~ CONTINUED

## Questions

How did you hear about Evergreen?

What influenced your decision to consider becoming an Evergreen volunteer?

Is facilitating a group of children, teens or adults your reason for attending the training?

Yes  No

Are you able to attend 28 hours of Volunteer Training?

Yes  No

Are you interested in being ...

- weekly Volunteer Facilitator
- substitute/on-call Volunteer Facilitator
- Clinical Consultant
- Other

Are you able to make a one-year commitment (3 hour "Night of Service" per week)?

Yes  No

Have you experienced a major loss or grief in your life?

Yes  No

If yes, what year? \_\_\_\_ Please briefly explain the loss, i.e. death of family member, friend, loss of job, major move.

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## References (2)

Name	Relationship	Phone #

## Volunteerism

Volunteer role(s) other than direct facilitation that I would consider ~ Skill(s)/Expertise that I can contribute:

- |   |  |                                    |  |                                     |
|---|--|------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Fundraising      | <input type="checkbox"/> Librarian       | <input type="checkbox"/> Publicity | <input type="checkbox"/> Computer        | <input type="checkbox"/> Personnel  |
| <input type="checkbox"/> Grant Writing    | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Marketing | <input type="checkbox"/> Administrative  | <input type="checkbox"/> Legal      |
| <input type="checkbox"/> Committee Member | <input type="checkbox"/> Board Member    | <input type="checkbox"/> Media     | <input type="checkbox"/> Clerical/Office | <input type="checkbox"/> Government |

Other area(s) of expertise

### FOR OFFICE USE ONLY

Date received	Pre-training interview date	Recommendation	Follow-Up	Comments
Training Dates	Post-training interview date	Recommendation	Follow-Up	Comments



**THANK YOU for your interest in EVERGREEN**  
**The Pine Tree Hospice Center for Grieving Children and Adults**