

Please mail completed application forms to:

CNS Home Health & Hospice
Attn: Kathleen Sanford
690 E. North Ave.
Carol Stream, IL 60188

CNS HOME HEALTH & HOSPICE

An affiliate of Central DuPage Hospital

VOLUNTEER APPLICATION

Date: _____

Name: _____

Phone (H): _____ (W): _____

Address: _____

City: _____ Zip: _____ Gender: M F

Email address: _____

AGE GROUP (Circle One): 18-30 31-45 46-55 56-65 66 and over

Place of Employment: _____

Work Hours: _____

Emergency Contact: _____

Phone: _____ Relationship: _____

How did you first hear about CNS Home Health & Hospice? _____

What motivated you to apply for volunteering for CNS Home Health & Hospice?

Please check any special skills which you would be willing to share as a volunteer:

- | | | | |
|--------------------------------------|---------------------------------------|--|---|
| <input type="checkbox"/> Calligraphy | <input type="checkbox"/> Cooking | <input type="checkbox"/> Manicurist | <input type="checkbox"/> Foreign Language (specify) |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Massage | _____ |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Hairdressing | <input type="checkbox"/> Public Speaking | Other _____ |

Please list other volunteer work along with agency names and locations:

Please indicate the best day/evening and time you would be available for an interview:

What type of volunteer work do you hope to do at CNS Home Health & Hospice?

Hospice Bereavement Geriatric Assistance Program
 Office CNS (Special Projects) Fundraising
 Speakers Bureau Paws with a Purpose Flu Clinics

Have you ever been convicted of a felony? Yes No
(All CNS Home Health & Hospice volunteers will receive a background check)

Have you experienced a significant loss through death within the last year? Yes No

I give my consent to publish information I have provided as well as to photograph, film, video/audio tape. Yes No

REFERENCES

1. Name: _____

Address: _____

Telephone: _____

Relationship: _____

2. Name: _____

Address: _____

Telephone: _____

Relationship: _____