



# Volunteer Application

**\*Please Use Legal Name Only\***

**\*Please Use Black Ink Only\***

Mrs. Miss Mr. Ms. Dr.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Preferred Name \_\_\_\_\_ MI. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Preferred Pronouns \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Can you receive text messages? ☐ Yes ☐ No

I authorize the sharing of my mailing information with other entities within the Empath Health Family of programs outside of Volunteer services. ☐ Yes ☐ No

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

If seasonal resident, dates you are not in Florida: From \_\_\_\_\_ To \_\_\_\_\_

Seasonal Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Have you ever volunteered or worked for Empath Health or its family of companies? ☐ Yes ☐ No

Emergency Contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact: Phone \_\_\_\_\_

**How did you hear learn about volunteer opportunities with Empath Health?**

- ☐ Internet Search ☐ Facebook/Social Media ☐ Television ☐ Billboard ☐ Community Event  
☐ High School ☐ College/University ☐ Employee ☐ Volunteer  
☐ Resale Shoppe ☐ Brochure ☐ Hospice Experience  
☐ Other \_\_\_\_\_

Who can we thank for referring you? \_\_\_\_\_

I have served the United States in the Military: ☐ Yes ☐ No

- ☐ Air Force ☐ Army ☐ Coast Guard ☐ Marines  
☐ National Guard ☐ Navy

*Optional- This following optional information is for statistical reporting only.*

I identify my ethnicity as: (\*Select all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Asian         | <input type="checkbox"/> Hispanic/Latinx  | <input type="checkbox"/> _____                |
| <input type="checkbox"/> Black/African | <input type="checkbox"/> Native American  | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Caucasian     | <input type="checkbox"/> Pacific Islander |   |

Educational & Professional Skills that you may want to share with our organization:

Have you ever been convicted of a misdemeanor or a felony, or pled nolo contendere (no contest), pled guilty to a crime, entered a pre-trial intervention program, or a similar program, been fined or placed on probation for a misdemeanor or felony, regardless of adjudication? ☐ YES ☐ NO

Do you have any pending criminal charges? ☐ YES ☐ NO

If you answered "yes" to either of the above questions, please explain:

I certify that the information on the application is true and correct, to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*Please note that due to state & federal statutes governing hospices and healthcare facilities, we are required to perform criminal background searches on all volunteer candidates. All searches are done confidentially, utilizing government databases. The results of these searches remain strictly confidential. 8/23/2011*