



PO Box 3487 610 E. Walnut St. Evansville, Indiana 47734-3487

**PRE-REGISTRATION FORM – VOLUNTEER TRAINING PROGRAM**

**IDENTIFICATION:** (Please Print)

Name: (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_ (Last) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Email) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ (Emergency Contact #) \_\_\_\_\_

Present Employment: (circle) Full Time Part Time Religious Affiliation (optional) \_\_\_\_\_

Title: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Volunteer or Employment History: \_\_\_\_\_

**PERSONAL INFORMATION:**

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When would you be available to volunteer (circle): Mornings Evenings Weekends Hours a week: \_\_\_\_\_

Describe any skills, interests, hobbies, experiences and /or training that could benefit the families of Hospice (include Foreign or sign language) \_\_\_\_\_

Are you able to provide your own transportation? (Circle) Yes No

How did you hear about Deaconess VNA Plus? \_\_\_\_\_

Please list three references (someone who knows you and is not a relative or past employer).

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_ Address \_\_\_\_\_

City/Zip \_\_\_\_\_ City/Zip \_\_\_\_\_ City/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

**VERIFICATION:**

My signature below certifies that the information in this application is true and complete. I authorize Deaconess VNA Plus to investigate my background and release from liability this agency and their agents who verify any information regarding me. I further understand that all work with Deaconess VNA Hospice, its patients and family members, is confidential and that all of my services as a volunteer are performed without compensation.

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