



Non-Patient Volunteer Application

452 N. Switzer Canyon Drive, Ste. A ♦ Flagstaff, Arizona 86001
Phone: (928) 779-1227 ♦ fax: (928) 779-5884
www.northlandhospice.org

Last name: _____ First: _____ MI: _____

Address: _____ City: _____ Zip: _____

E-mail: _____ Retired Student Employed Homemaker

Home phone: _____ Cell: _____ Work: _____

What is your interest at this time?

- | | |
|---|---|
| <input type="checkbox"/> Administrative Support | <input type="checkbox"/> Hodgepodge Thrift Store |
| <input type="checkbox"/> Light-a-Life | <input type="checkbox"/> Olivia White Hospice Home – Cook |
| <input type="checkbox"/> Run for Life | <input type="checkbox"/> Olivia White Hospice Home & Elaine’s
Forest House - Master Gardener |
| <input type="checkbox"/> Other, please explain: _____ | |

How were you referred to Northland Hospice?

- By a current volunteer Volunteer’s name _____
- Northland Hospice website Northland Hospice served your family/friend
- School Workplace Staff member Newspaper
- Facebook Other: _____

Please list two personal references excluding family members.

First, last name: _____ Phone: _____
 Relationship: _____ How long have you known? _____

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Signature: _____ **Date:** _____

For Office Use:

- References contacted (#1)Date: _____ by: _____ (#2)Date: _____ by: _____
- Background Clear Date: _____ by: _____