



St. Luke's Hillside Center
220 North 6th Avenue East
Duluth MN 55805
218-249-6105
<http://www.slhduluth.com>

VOLUNTEER INFORMATION FORM

Name: _____ **Date of Birth:** _____

Cell Phone: _____ **Home Phone:** _____

Home Address: _____

Email Address: _____

Person to Notify in case of Emergency: _____

Phone (Primary): _____ **Other:** _____

Current Occupations/Duties: _____

Business Address: _____ **Phone:** _____

Describe Any Work-Related Limitation: _____

Military Experiences (Active Duty, Discharged, Reserves, or Veteran): _____

Prior Experience

1. Volunteer: _____

2. Other: _____

Education: _____

Degree/Diploma: _____

Special Interests/Skills/Languages: _____

Goals and Reasons for Applying to Volunteer with HOSPICE DULUTH®:

Areas of Hospice Involvement that most interest me: _____

Preferred Days/Times to Volunteer: _____

Please Give Two References (Not Relatives):

- | | | | |
|----|-------------|----------------|---------------------|
| 1. | _____ | _____ | _____ |
| | Name | Address | Relationship |
| 2. | _____ | _____ | _____ |
| | Name | Address | Relationship |

I hereby authorize my personal references permission to furnish St. Luke's Hospice Duluth® with facts and opinions as to my job performance, capabilities, and desirability's as a volunteer. I further release all persons whomsoever from any damage because of furnishing said information.

Signature: _____ **Date:** _____