

General Volunteer Application



Contact Information

Group Application: Yes No Contact Person for Group: _____

Name/Group Name: _____

Mailing Address: _____

Home/Cell Phone: _____ Business Phone: _____

Email Address: _____

Have you volunteered with the Hospice Care Foundation before: Yes No
If so, when and in what capacity? _____

I am Interested in the Following Volunteer Opportunities (check all that apply):

- Hospice Ball
- Community Yard Sale/Mini-Fair
- Halloween for Hospice
- Granting Taskforce
- Other Fundraising Events to Be Determined
- Other Education/Outreach Events to Be Determined

I am Interested in the Following Types of Duties (check all that apply):

- Guest Check-In/Out
- Fundraising Sales
- Event Decorating
- Game Runner/Supervisor
- Event Set-Up/Take-Down
- Silent Auction Assistant
- Live Auction Assistant
- Education/Outreach
- Raffle Ticket Sales
- Runner/General Assistant
- Other: _____

I am Available the Following Dates/Times (check all that apply):

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday
- 8:00a-10:00a
- 10:00-12:00p
- 12:00p-2:00p
- 2:00p-4:00p
- 4:00p-6:00p
- 6:00p-8:00p
- 8:00p-10:00p
- 10:00p-12:00a and later

By signing below, I acknowledge that I understand that I am submitting my/our group information to the Hospice Care Foundation and that it will be retained by the Foundation for one year. I submit that I have been truthful and forthcoming with the information listed above and understand that my application shall be considered valid for one year until I notify HCF in writing (if before one year).

I further acknowledge that I have the time and ability to volunteer in the areas I marked above. I understand that if I volunteer for HCF that I will report directly to the assigned supervisor for the project/activity that I am working on and that I will work within the duties described for each activity/event. I agree to keep details of HCF business and activities confidential both during and after my volunteer time.

Signature: _____ Date: _____

If approved to serve as a volunteer for the Hospice Care Foundation, do you give HCF permission to use photos/video or you and/or your name for advertising purposes such as for announcements, articles in our local paper, on websites and social media? Yes No

Completed forms may be mailed to
715 Kensington Ave, Ste 2C, Missoula, MT 59801,
Emailed to tara@hcfmissoula.com, or
faxed to 866-543-7326.

HCF Admin Use Only

Received By: _____ Date: _____ Title: _____

Approved as Volunteer: YES NO

Appointment: _____