

Volunteer Application



Hospice
CARE FOUNDATION
Assist | Collaborate | Educate
EST. 1981

Contact Information

Volunteer Group: Yes No Contact Person for Group: _____

(If Group Application, please list group members on back of form/page two.)

Name/Group Name: _____

Mailing Address: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

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

What skills/experience do you/does your group have?

- | | |
|--|--|
| <input type="checkbox"/> Administrative Assistance | <input type="checkbox"/> Arts & Crafts (Painting/Construction/Object Assembly, etc.) |
| <input type="checkbox"/> Auctions and/or Raffles | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Decorating/Design |
| <input type="checkbox"/> Education/Outreach | <input type="checkbox"/> Event Production (Set-Up/Execution/Take-Down) |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Sales/Fundraising |
| <input type="checkbox"/> Volunteer Coordination | <input type="checkbox"/> Other: _____ |

I submit that I have been truthful and forthcoming with the information listed above and understand that this application shall be considered valid for one (1) year from the date of receipt by HCF. I understand that this application is not a guaranteed offer of volunteer service with HCF. I acknowledge that I or HCF may withdraw this application at any time for any reason.

Signature: _____

Date: _____

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

HCF Admin Use Only

Date Application Received:

Date Application Expires:

Application Accepted: Yes No

Group Members

1)

2)

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