



Non-patient Volunteer Application

452 N. Switzer Canyon Drive Flagstaff, Arizona 86001
 (928)779-1227 fax (928) 779-5884

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"/> Golf Outing |
| <input type="checkbox"/> Light-a-Life | <input type="checkbox"/> Olivia White Hospice Home - Gardening |
| <input type="checkbox"/> Hodgepodge Thrift Store | <input type="checkbox"/> Run for Life |
| <input type="checkbox"/> Other, please explain: _____ | <input type="checkbox"/> Olivia White Hospice Home - Cook |

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
- Other _____

Please list two personal references excluding family members

First, last name: _____ Phone: _____

Relationship: _____ How long have you known? _____

First, last name: _____ Phone: _____

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Signature: _____ **Date:** _____

For Office Use:

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