



1118 PlankView Green Blvd. Sheboygan Falls, WI 53085

Volunteer Application

Richardson Hospice Resale Store is a not for profit store dedicated to supporting the mission of the Sharon S Richardson Community Hospice. For more information , consult www.ssrhospicehome.org.

Please complete all questions. Information is confidential.

LAST NAME _____ FIRST NAME _____
 STREET ADDRESS _____
 CITY, STATE, ZIP _____
 HOME PHONE _____ CELL _____
 EMAIL _____ CONTACT PREFERENCE _____
 CURRENT EMPLOYER _____ RETIRED ? Yes _____ NO _____
 DATE AVAILABLE TO WORK _____ YEAR ROUND _____ SEASONAL _____
 DAYS OF THE WEEK: circle all that apply MON TUES WED THURS FRI SAT
 TIME OF DAY _____ AM _____ PM _____ EVENING

Your Special Gifts:

Previous Volunteer Experience _____

Special Skills/Hobbies

Do you know a foreign language? ___ Yes ___ No If so _____
 Do you have sign language skills? ___ Yes ___ No Computer skills ___ Yes ___ No

Background Information Disclosure:

Have you ever been bonded? ___ Yes ___ No
 Have you ever pled "guilty" or "no contest" to or been convicted of a crime or had adjudication withheld? Yes ___
 No ___ If yes, please provide date (s) and details .

Do you need volunteer hours to satisfy "community service" requirements associated with any disciplinary action? Yes ___
 No ___ If yes, provide date(s) and details . _____

I affirm the information provided above is truthful and accurate to the best of my knowledge. I acknowledge that knowingly providing false information or omitting information will result in denial or termination of volunteering activities and other penalties as provided under the law.

Please provide the names and phone numbers for 3 personal references:

| <u>Name</u> | <u>Phone Number</u> | <u>Relationship</u> |
|-------------|---------------------|---------------------|
| | | |
| | | |
| | | |

Signature _____ Date _____