

SERENITY FOUNDATION VOLUNTEER APPLICATION THE HOPE CHEST

We welcome new applicants and hope that you will find an opportunity that will be fulfilling and meet the needs of our organization, patients and families.

Please print and complete all sections.

Legal Name:

FIRST MIDDLE LAST

Preferred First Name _____

Address: _____
STREET CITY ZIP

Telephone: _____
HOME CELL

E-mail Address: _____

How should we contact you? Please rank 1st, 2nd, 3rd. Home__ Cell__ Text Cell__ Email__

Emergency Contacts:

Name	Relationship	Phone

References: Persons other than relatives who can give a character reference.

Name	Years Known	Relationship	Phone

Please notify them that you have listed them as a reference. We will be calling them after the interview.

Employment Status and History:

What is your employment status? ____ Full-time ____ Part-time ____ Student ____ Retired

____ Not employed. Are you seeking employment with Serenity? ____ yes ____ No

Are you a current or former employee of Serenity? ____ No ____ Current ____ Former

Are you related to a current or former employee or volunteer of Serenity? ____ Yes ____ No

If yes, please provide name and relationship _____

Skills and Qualifications:

Summarize previous work, volunteer, educational or personal experience that may be relevant to the volunteer work you would like to do:

Referral Source:

How did you learn about volunteer opportunities with Serenity Foundation? ☐ Advertisement
☐ Employee ☐ Volunteer ☐ Walk-in ☐ Presentation ☐ Hospice Experience
Other

Volunteers must be able to work in the United States. Can you, within three business days of acceptance, submit documentation that you are legally able to work in the United States? ☐

Minimum volunteer age is 16. Are you at least 16 years of age? ☐ Yes ☐ No.

Volunteer Certification:

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omission of facts, or incomplete answers may disqualify me from further consideration or participation as a volunteer.

I authorize Serenity Foundation to contact and obtain information from all references to certify the accuracy of the information this application.

Serenity Foundation does not unlawfully discriminate and no question on this application is used for the purpose of limiting or excusing any applicant for consideration.

This application will remain active for 90 days from received. I understand that if I have not been given consideration at the end of the 90 days a new application will need to be completed.

I understand and agree that my volunteer service may be ended with or without cause and with or without notice at any time by a supervisory representative of Serenity Foundation.

I have read and fully understand the foregoing and will abide by its terms and conditions.

Signature of Applicant: Date:

Return via mail to: Ashlee Vickers, Serenity Foundation, 1022 Hillcrest Parkway, Dublin, GA 31021

Or email at: avickers@serenityhospicecares.com