



JOURNEY HOME VOLUNTEER APPLICATION

Please Print

Today's Date: _____

Date Trained: _____

Name _____

Street _____ City/Town _____ Zip _____

Daytime Phone _____ Evening Phone _____

Cell Phone (optional) _____ Email Address _____

Date of Birth (optional) _____ Gender (optional) M F

What, if any experience have you had with death or other loss? _____

Do you have any apprehensions concerning working with the dying? _____

Do you have any physical limitations? Please explain. _____

**Due to new health care standards, Journey Home is required by law to conduct a background check on Direct Resident Care Volunteers. [Support Volunteers excluded, who do not work in the house] and we are required to ask the following question:

Have you ever been convicted of a felony? Y N

Explain: _____

References: *Please provide three references [which may be personal or professional, excluding immediate family members].

	Name	Relationship	Phone Number
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

See Reverse

Please check any of the following that may interest you:

Direct care of residents - offer hands on care to our residents

Support Volunteer - are those volunteers who do not provide direct hands on care but offer support to the home on an as needed basis.

If you are interested in direct care of residents, please circle one or more:

Are you available: DAYS AFTERNOONS EVENINGS WEEKENDS

May we call you to see if you are available at times when we need help? Y N

Thank you for taking the time to complete this application. We will be contacting you (via letter) when we set up the next Volunteer Training Session.