



Office Use Only
Date rec'd _____
Date of 1 st call _____
Also rec'd PC Vol. Applic. <input type="checkbox"/>
OIG completed <input type="checkbox"/>

Organizational Volunteer Application

Name	<i>Nickname, if applicable</i>		
Address	City	Zip	
Home Phone	Cell Phone	Work Phone	
E-mail address <i>(complete if you are willing to be contacted via e-mail)</i>			
Best way to contact you weekday/daytime: <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> E-mail			
Are you available weekdays/daytime?			

Please check areas of interest:					
<input type="checkbox"/> Bulk Mailings	<input type="checkbox"/> Delivery Courier	<input type="checkbox"/> Filing	<input type="checkbox"/> Receptionist	<input type="checkbox"/> Telephoning	<input type="checkbox"/> Typing
<i>Computer proficiency:</i> <input type="checkbox"/> Data entry <input type="checkbox"/> Word Processing <input type="checkbox"/> Other (explain) _____					

Additional skills:

Employment or previous volunteer experience related to areas of interest or additional skills listed above:

How did you hear about San Diego Hospice & Palliative Care?			
<input type="checkbox"/> Family/Friend	<input type="checkbox"/> TV/Radio/Newspaper	<input type="checkbox"/> Other SDHPC Volunteer	<input type="checkbox"/> Internet
<input type="checkbox"/> Brochure	<input type="checkbox"/> Other (please specify) _____		

<i>Signature</i>	<i>Date</i>
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When this completed application is received, you will be contacted by our Volunteer Department and asked to come in for an interview.

**San Diego Hospice & Palliative Care
4311 Third Avenue
San Diego, CA 92103
619-688-1600 (Toll free: 866-688-1600)
www.sdhospice.org**