



## Non-patient Volunteer Application

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

Last name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Retired  Student

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

### What is your interest at this time?

- Administrative Support  
 Hodge Podge Thrift Store  
Olivia White Hospice Home  Cooking  Gardening  Maintenance  Other \_\_\_\_\_

### What is your availability at this time?

- Morning  Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  
Afternoon  Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  
Evening  Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

### 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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_