



SAINT **John's**
HOSPICE
and the
Good Shepherd Program
WHERE HOMELESS MEN FIND DIGNITY,
RESPECT AND NEW BEGINNINGS

1221 RACE STREET, PHILADELPHIA, PA 19107 • (P) 215.563.7763 • (F) 215.563.0108 • (W) SAINTJOHNSHOSPICE.ORG

Date of Application: _____

First: _____ M: _____

Last: _____

Volunteer name: _____

Mailing Address: _____

City: _____ State: _____ Postal Code: _____

Telephone: (H): _____ (B): _____

Cell Phone: _____ E-Mail: _____

Briefly describe why you are interested in volunteering at Saint Johns Hospice: _____

How did you learn about our program? _____

Are you volunteering to fulfill a Community Service Requirement? Yes No

Are you employed? If yes, name of employer: _____

Employer's Address: _____

Job Title: _____

Education: (Indicate highest grade completed)

Elementary High School Technical School College Graduate Other

Major: _____ Degree(s) Earned: _____

Please list any volunteer experience you have had in the past five years: _____

When are you available to volunteer your time?

Monday Tuesday Wednesday Thursday Friday

What type of volunteer service are you interested in at Saint John's Hospice? Check all that apply:

___ Noon time meal/lunch service (M-F) 11:30-1:30 ___ evening meal service (M-F) 5:00-6:30

___ Front Desk Receptionist (M-F) 11:30-1:30 ___ Donation Organizer (M-F) 11:30-1:30

Other: (Please specify) _____

Please list your skills, special interests and hobbies: _____

CPR training certificate. Date _____ First Aid training certificate. Date _____

Are there any medical limitations on the type of volunteer work you can perform? _____

If yes, please specify: _____

If you are involved with us as a volunteer and an emergency arises, whom should we contact?

Name: _____ Relationship: _____

Please, provide three different references (no relatives). If possible, please include references from a job, previous volunteer experience or community activity. (We may contact one or all three of your references)

Name _____ Telephone: _____

Fax: _____ Email: _____

Address: _____

Name _____ Telephone: _____

Fax: _____ Email: _____

Address: _____

Name _____ Telephone: _____

Fax: _____ Email: _____

Address: _____

I understand that Saint John's Hospice staff will check the above references before I am accepted in the Volunteer Program. I also understand that certain volunteer placements require a State Criminal and/or Child Abuse History Clearance. I give permission to Saint John's Hospice staff to check my references and send for any necessary clearances.

Applicant's Signature: _____ **Date:** _____

Please return completed form to:

Kristine Jaeger ♦ Director, Development & Community Relations
Saint John's Hospice ♦ 1221 Race Street ♦ Philadelphia, PA 19107

Telephone: (215) 653-7763 ♦ Fax: (215) 563-0108 ♦ e-mail: kjaeger@chs-adphila.org