



No One Dies Alone Volunteer Application

(You must be at least 18 years old to apply.)

Name: _____ Are you age 18 or older: ___ Yes ___ No

Address: _____
Street City State Zip

Email (optional): _____

Telephone Number: _____
Day Evening

Student: ___ Yes ___ No If yes, where: _____

Occupation: _____ Place of Employment: _____

In case of emergency notify: _____
Name Relationship Phone

Reason for Volunteering: _____

Previous Volunteer Experience: _____

Times available (Ideally for a 4 hour shift): ___S ___M ___T ___W ___Th ___F ___Sa
___Morn ___Aft ___Even ___On call Hours Available _____

References (Not Family):

1. _____
Name Address Phone

2. _____
Name Address Phone

By signing below I agree that in addition to submitting my application I will participate in a background check and an interview with the Chaplain – Spiritual Care Director:

Signature _____ Date _____