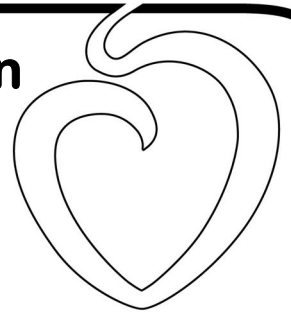


Montgomery Hospice Volunteer Application



Biographical Information & Statement of Interest

Name: _____ Birth date (for birthday card only): _____ Gender: M F

Address: _____

Phone (Home): _____ (Work): _____ Email: _____

What type of volunteer work interests you? (Please check all that apply.)

Administrative Bereavement Casey House Pastoral Care Patient Care Special Events Undecided

Reason(s) for seeking volunteer work with Montgomery Hospice: _____

Please state your most recent personal loss and the date of that loss: _____

Volunteer experience: _____

Paid work experience: _____

Educational background: _____

Special interests/skills (incl. foreign languages): _____

How did you first learn about Montgomery Hospice? _____

Please state when you're available to volunteer (Weekdays, evenings, weekends, etc.):

Please return the application by mailing to Volunteer Services Office, 1355 Piccard Drive, Suite 100 Rockville, 20850 or by faxing it to: (301) 921-4433

Thank you for your interest in volunteering with Montgomery Hospice.