



The Pine Tree Hospice Center
For Grieving Children & Adults
-growing through grief-

VOLUNTEER APPLICATION

Name

First

Last

Date

Contact Info

Mailing Address

City

State

Zip

E-Mail Address

Phone Numbers

Home #

Cell #

Work #

Fax #

Personal Info

Birthdate

Number of Children (if any) - and - Age(s)

Emergency Info

Person to contact in case of Emergency

Emergency Phone #

Physician

Physician Phone #

Medical/personal history we should be aware of, including any food allergies?

Employment

Current Employer

Occupation/Title

Prior Employment Experience(s)

Volunteer and/or Facilitator Experience(s)

Evergreen - The Center for Grieving Children and Adults
833 West Main St - Dover-Foxcroft, ME 04426
www.Facebook.com/EvergreenPTH (Facebook Page)



207.564.4346 (Phone) -207.564.4400 (Fax)
wecare@pinetreehospice.org (e-mail)
www.pinetreehospice.org (website)

Questions

How did you hear about Evergreen?

What influenced your decision to consider becoming an Evergreen volunteer?

Is facilitating a group of children, teens or adults your reason for attending the training? Yes No

Are you able to attend 28 hours of Volunteer training? Yes No

Are you interested in being

- Weekly Volunteer Facilitator
- Substitute/on-call Volunteer Facilitator
- Clinical consultant
- Other

Are you able to make a one-year commitment (3 hour "Night of Service)? Yes No

Have you experienced a major loss or grief in your life? Yes No

If yes, what year? _____ Please briefly explain the loss, i.e. death of family member, friend, loss of job, major move.

References (2)

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Volunteerism

Volunteer role(s) other than direct facilitation that I would consider ~ Skill(s)/Expertise that I can contribute:

- Fundraising
- Librarian
- Publicity
- Computer
- Personnel
- Grant Writing
- Public Speaking
- Marketing
- Administrative
- Legal
- Committee Member
- Board Member
- Media
- Clerical/Office
- Government

Other area(s) of expertise _____

FOR OFFICE USE ONLY

Date Received	Pre-training interview date	Recommendation	Follow-up	Comments
Training Dates	Post-training interview date	Recommendation	Follow-up	Comments



Thank you for your interest in EVERGREEN
 The Pine Tree Hospice Center for Grieving Children and Adults
 revised 5/1/2012