



SAN DIEGO HOSPICE
and The Institute for Palliative Medicine

<i>Office Use Only</i>	
Date rec'd _____	
Date of 1 st call _____	
Also rec'd PC Vol. Applic. <input type="checkbox"/>	
OIG completed <input type="checkbox"/>	
Info log <input type="checkbox"/>	

Organizational Volunteer Application

Title (please circle one): Mr. Mrs. Miss. Ms. Dr.			
Name:		<i>Nickname, if applicable:</i>	
Address:		City:	Zip
Phone 1:	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone 2:	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
E-mail address:			
In emergency, notify:		Relationship:	Phone:
Are you available in the daytime on weekdays?			

Please check areas of interest for current needs:			
<input type="checkbox"/> Filing	<input type="checkbox"/> General Clerical	<input type="checkbox"/> Medical Supply Courier	<input type="checkbox"/> Receptionist
Computer proficiency:			
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Desktop Publishing	<input type="checkbox"/> Word Processing	
<input type="checkbox"/> Database Skills	<input type="checkbox"/> Multimedia Presentations	<input type="checkbox"/> Other (Specify) _____	
Additional skills / areas of interest:			
<input type="checkbox"/> Arts & Crafts	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Photography	<input type="checkbox"/> Sewing
<input type="checkbox"/> Event Planning	<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Videography
<input type="checkbox"/> Other (Specify) _____			

Employment or previous volunteer experience related to areas of interest or additional skills listed above:

Referral Source: How did you hear about volunteering with San Diego Hospice and The Institute for Palliative Medicine?			
<input type="checkbox"/> Family/Friend	<input type="checkbox"/> TV/Radio/Newspaper (specify) _____		
<input type="checkbox"/> SDHIPM Staff / Volunteer (name) _____	<input type="checkbox"/> Internet (specify website) _____		
<input type="checkbox"/> Brochure / Flyer (specify location) _____	<input type="checkbox"/> Other (specify) _____		

<i>Signature</i>	<i>Date</i>
------------------	-------------

San Diego Hospice and The Institute for Palliative Medicine
Volunteer Resources
4311 Third Avenue • San Diego, CA 92103

Phone: 619-278-6451 • Toll free: 866- 688-1600 • Fax: (619) 688-0017 • Email: volunteer@sdhospice.org • Web: www.sdhospice.org