



## Volunteer Application Biographical Information & Statement of Interest

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Email \_\_\_\_\_ Gender M F

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (C) \_\_\_\_\_

How did you first learn about Montgomery Hospice and Prince George's Hospice?

\_\_\_\_\_

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

\_\_\_\_\_

Volunteer Experience:

\_\_\_\_\_

Paid Work Experience:

\_\_\_\_\_

Educational Background:

\_\_\_\_\_

Special Interests/Skills (language, instrument, sewing, etc.)

\_\_\_\_\_

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

- |  |   |                                      |  |
|--|---|--------------------------------------|--|
| <input type="checkbox"/> Patient Care  | <input type="checkbox"/> Pet Visits     | <input type="checkbox"/> Bereavement | <input type="checkbox"/> Montgomery Kids |
| <input type="checkbox"/> Outreach      | <input type="checkbox"/> Administrative | <input type="checkbox"/> Reiki       | <input type="checkbox"/> Threshold Choir |
| <input type="checkbox"/> Comfort Touch | <input type="checkbox"/> Undecided      |                                      |  |

Please state your availability to volunteer:  Weekdays  Evenings  Weekends

---

Please return this completed application to:  
Montgomery Hospice, Attn: Volunteer Services, 1355 Piccard Drive, Suite 100, Rockville, MD 20850  
301-921-4433 (fax) [volunteerservices@montgomeryhospice.org](mailto:volunteerservices@montgomeryhospice.org)

*Thank you for your interest in volunteering with  
Montgomery Hospice and Prince George's Hospice*