



**Volunteer Application - Biographical Information & Statement of Interest**

**Please PRINT as neatly as possible. ALL fields are REQUIRED to be completed.**

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

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

Address \_\_\_\_\_

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

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

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

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Volunteer Experience:

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Paid Work Experience:

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Educational Background:

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

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TURN OVER →

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



Which county do you want to volunteer in? (Circle one)

Montgomery County

Prince George's County

Both counties

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

Patient Care

Pet Visits

Bereavement

Montgomery Kids

Outreach

Administrative

Reiki

Threshold Choir

Comfort Touch

Undecided

Please state your availability to volunteer:  Weekdays  Evenings  Weekends

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

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