



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

OVER →

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

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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)

<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

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**Please return this completed application to:**

**Montgomery Hospice, Inc.**

**Attn: Volunteer Services**

**700 King Farm Blvd., Suite 400**

**Rockville, MD 20850**

**301-921-4433 (fax) [DKearney@montgomeryhospice.org](mailto:DKearney@montgomeryhospice.org)**

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