



## **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?

---

---

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

---

---

Volunteer Experience:

---

---

Paid Work Experience:

---

---

Educational Background:

---

---

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

OVER →

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

---

---

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

---

**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!***