



St. Luke's Hillside Center  
220 North 6<sup>th</sup> Avenue East  
Duluth MN 55805  
218-249-6105  
<http://www.slhduluth.com>

**VOLUNTEER INFORMATION FORM**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Person to Notify in case of Emergency:** \_\_\_\_\_

**Phone (Primary):** \_\_\_\_\_ **Other:** \_\_\_\_\_

**Current Occupations/Duties:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Describe Any Work-Related Limitation:** \_\_\_\_\_

\_\_\_\_\_

**Military Experiences (Active Duty, Discharged, Reserves, or Veteran):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Prior Experience**

**1. Volunteer:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. Other:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Education:** \_\_\_\_\_

**Degree/Diploma:** \_\_\_\_\_

**Special Interests/Skills/Languages:** \_\_\_\_\_

\_\_\_\_\_

**Goals and Reasons for Applying to Volunteer with HOSPICE DULUTH®:**

\_\_\_\_\_

\_\_\_\_\_

**Areas of Hospice Involvement that most interest me:** \_\_\_\_\_

\_\_\_\_\_

**Preferred Days/Times to Volunteer:** \_\_\_\_\_

\_\_\_\_\_

**Please Give Two References (Not Relatives):**

1. \_\_\_\_\_

**Name**

**Email Address**

**Relationship**

2. \_\_\_\_\_

**Name**

**Email Address**

**Relationship**

I hereby authorize my personal references permission to furnish St. Luke's Hospice Duluth® with facts and opinions as to my job performance, capabilities, and desirability's as a volunteer. I further release all persons whomsoever from any damage because of furnishing said information.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_