

**SACKS**  
**St. Joseph Health**  
**Hospice Services**  
**VOLUNTEER APPLICATION**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

BEST DAYS AND TIMES TO CONTACT YOU: \_\_\_\_\_

MAY WE CONTACT YOU AT WORK?: Yes \_\_\_\_\_ No \_\_\_\_\_

PRESENT OCCUPATION: \_\_\_\_\_ PART TIME \_\_\_\_\_ FULL TIME \_\_\_\_\_

EDUCATION COMPLETED: \_\_\_\_\_ DEGREE: \_\_\_\_\_ MAJOR: \_\_\_\_\_

LANGUAGES SPOKEN OR UNDERSTOOD: \_\_\_\_\_

PRIOR OR PRESENT VOLUNTEER EXPERIENCE: \_\_\_\_\_

\_\_\_\_\_

HOURS AVAILABLE WEEKLY FOR VOLUNTEER WORK: \_\_\_\_\_

DAYS OF AVAILABILITY: \_\_\_\_\_

BRIEF DESCRIPTION OF CURRENT PHYSICAL HEALTH: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IN CASE OF EMEGENCY, PLEASE CONTACT:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

1. HOW/WHERE DID YOU HEAR ABOUT OUR SACKS THRIFT STORE? \_\_\_\_\_

2. WHAT DO YOU KNOW ABOUT HOSPICE? \_\_\_\_\_  
\_\_\_\_\_

3. WHY WOULD YOU LIKE TO VOLUNTEER? \_\_\_\_\_  
\_\_\_\_\_

4. WHAT WOULD YOU LIKE US TO KNOW ABOUT YOU, i.e., WHAT SPECIAL SKILLS, EXPERIENCES AND TALENTS WOULD YOU LIKE TO SHARE? \_\_\_\_\_  
\_\_\_\_\_

5. IN WHAT CAPACITY WOULD YOU LIKE TO USE YOUR SKILLS FOR SACKS THRIFT STORE? PLEASE INDICATE YOUR PREFERENCES BY NUMBERING AS FOLLOWS: 1 = FIRST CHOICE, 2 = SECOND CHOICE, 3 = THIRD CHOICE, ETC.

- |  |  |
|--|--|
| A. Working as a sales person and cashier _____ | D. Appraise and mark merchandise _____ |
| B. Sorting merchandise and donations _____     | E. Donation pick-up _____              |
| C. Store and Window displays _____             |  |

Do you have any special interest or knowledge in given areas such as jewelry, art, clothing, antiques, etc.? If so, please indicate any specialties: \_\_\_\_\_

6. IN ADDITION, I AM INTERESTED IN VOLUNTEERING FOR:

- |  |                                |
|--|--------------------------------|
| A. Substitute List _____                       | D. Typing or office work _____ |
| B. Committees _____                            | E. Other: _____                |
| C. Maintenance and repair of merchandise _____ |                                |

7. WE WOULD BE PLEASED TO MAIL OUR THRIFT STORE INFORMATION TO YOUR INTERESTED FRIENDS:

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

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THANK YOU FOR COMPLETING THIS APPLICATION AND FOR YOUR INTEREST IN SACKS.

PLEASE RETURN TO: SACKS HOSPICE THRIFT STORE  
128 LIBERTY ST.  
PETALUMA, CA 94952  
(707) 765-2228

**TO BE COMPLETED BY STAFF**

INITIAL SCREENING/INTERVIEW: DATE \_\_\_\_\_

STAFF INITIALS \_\_\_\_\_