

Hospice Unique Boutique Volunteer Application

Hospice Unique Boutique
1618 Ashland Street
Ashland, OR 97520
(541) 488-7805

HospiceUniqueBoutique.org

| FOR HUB USE | |
|--------------------------|--|
| <input type="checkbox"/> | Reference Check |
| <input type="checkbox"/> | Input into Opendoor, Outlook & Excel Volunteer Phone List |
| <input type="checkbox"/> | Scheduled training date _____ with R or other mgr. |
| <input type="checkbox"/> | Received Intro Packet |

Full Name _____ Birthdate _____

Street Address _____

City, State, Zip Code _____

Phone Number(s) _____

E-mail _____

Employer: _____

Work phone _____ May we call you at work? _____

Position preferred: _____

Days/Hours Available: Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____ Sunday _____

Do you have any health or physical limitations we need to consider in assigning you store tasks? _____

How did you hear about SOFA & why do you want to work with Hospice Unique Boutique?

Volunteer Statement – please use the following space to write a brief personal statement. Tell us about yourself, your interests, why you volunteer, a little about your history, your job, your hobbies, etc. This personal statement may be published in our volunteer directory.

Please complete the second page of the application.

Please check all the things that you have done, or can do and put an * next to those you excel at:

| | | | |
|----------------------------|---------------------|------------------------|----------------------|
| Carpentry_____ | Photography_____ | Furniture repair _____ | Sewing _____ |
| Pricing _____ | Organizing _____ | P/R _____ | Graphic Design _____ |
| Tech/Web _____ | Outreach _____ | Cashier _____ | Writing_____ |
| Estate Sales _____ | Hospitality _____ | Merchandising _____ | Decorating _____ |
| Driving (own truck?) _____ | Heavy lifting _____ | Gardening _____ | Special Events _____ |

References:

Please list at least 2 people who know you well, one professionally the other personally.

| Name/Title | Phone | Email address |
|------------|-------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I understand that **Hospice Unique Boutique** is a project of **Southern Oregon Friends of Hospice**, a non-profit 501(c) 3. I give SOFOH permission to contact my references

Signature_____

Date_____

Emergency Contact Information

Name_____Relationship_____

Phone Number(s)_____

Mail completed form to:

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