



Volunteer Application Form

Confidential

Thank you for your interest in volunteering with The Living Wish Foundation. We screen all applications and will contact those applicants most appropriate for available positions to arrange an interview. We will do our best to find suitable and meaningful roles for our volunteers, however, due to the high volume of applications and the sensitive nature of what we do we are unable to accommodate everyone.

Name _____ Date (MM/DD/YY): _____

Birthdate (MM/DD/YY) _____

Address: _____

City: _____ Postal Code: _____

Home # _____ Cell # _____

Email: _____

Can we share your contact information with other volunteers and staff? ____ Yes ____ No

Emergency Contact: Name: _____ Relationship: _____

Phone and Cell: _____

Volunteer Positions and Preferences: Which areas are you interested in volunteering (please rank from 1 – most favorable to 9)?

☐ Licensed Medical Volunteer ☐ Event Planning ☐ PS Volunteer ☐ Driving ☐ Administrative
☐ Events ☐ Board of Directors ☐ Fundraising ☐ Procurement

Reason for Volunteering: How did you hear about us? _____

Why are you interested in volunteering with The Living Wish Foundation? _____

Have you had experience with the terminally ill? ☐ Yes ☐ No

Have you volunteered in the past or are you currently volunteering? ☐ Yes ☐ No

If YES, please elaborate including organizations, type of positions and time frames...

Work Experience and Education: Are you currently employed? ☐ Yes ☐ No

If yes, please attach a resume.

Please describe your education, skills and abilities that may be beneficial to our organization.

What do you hope to get from your volunteer experience?

Availability: What is your availability? Please check all that apply. Mon Tues Wed
Thurs Fri Sat Sun Morning Afternoon Evening Weekend

Approximately how many hours per week are you available to volunteer? _____

Language and Culture: Do you speak, write or read in any languages other than English?

___ Yes ___ No If Yes, please provide details: _____

Have you had a person close to you die within the last year? ___ Yes ___ No

Have you had a personal or bereavement loss within the last year? ___ Yes ___ No

Briefly explain the significance of the loss:

What do you believe are your greatest strengths?

Briefly describe your personal support system?

Hobbies and Leisure: What hobbies and interests do you have?

Do you belong to any clubs or organizations? _____

Would you be willing to work with a pets/animals? ___ Yes ___ No

Would you be willing to work with a client/caregiver who smokes? ___ Yes ___ No

References: Please provide two references other than family/staff who have known you more than one year.

1. Name: _____ Phone: _____

Email: _____

Nature of Relationship: _____

2. Name: _____ Phone: _____

Email: _____

Nature of Relationship: _____

I authorize investigation of all statements and references herein and release The Living Wish Foundation and all others from liability in connection with same.

I also understand and verify that the information herein is complete and accurate, and that untrue, misleading or omitted information herein may result in dismissal at the time of discovery by The Living Wish Foundation.