

Yours, Mine & Ours



928-453-2111
888-468-2111
www.hospicehavasu.org

RESALE SHOP VOLUNTEER APPLICATION

All information kept confidential

Name _____ Date _____

Address _____

City, ZIP _____

Phone _____ (cell) _____ Birth Date (Mo. and day) _____

E-mail _____

In case of emergency, notify: _____

Are you currently employed? Yes No Full-time Part-time

If employed, where: _____

What is your volunteer interest at Yours, Mine & Ours? _____

What type of work have you done in the past:

Clerical Retail Experience Education Health Care

Other: _____

Are you currently a volunteer Yes No

If Yes, where: _____

Please indicate times and days you are available for volunteer:

Tuesday A.M. P.M.

Friday A.M. P.M.

Wednesday A.M. P.M.

Saturday A.M. P.M.

Thursday A.M. P.M.

Languages you speak or read other than English: _____

Please list an special interest, hobbies or talents: _____

Please describe any work or other experiences which you feel has prepared you to be a volunteer:

How did you learn about Yours, Mine & Ours:

Newspaper Radio Friend Mail Friend Resale shop staff member

Resale shop volunteer Television Other: _____

I acknowledge that the responses in this application form are true to the best of my knowledge. I hereby authorize Hospice of Havasu to verify or inquire about education, job history, references, licenses, certificates, motor vehicle records or criminal conviction and to conduct drug screening.

Applicant's signature _____ **Date** _____

Hospice of Havasu is a not-for-profit Medicare-approved agency that has served this area of Arizona since 1982.

Our mission: Hospice of Havasu is a patient-centered team of volunteers and professionals, serving the physical, emotional and spiritual needs of the incurably ill in our communities and their families and friends.

NOTICE OF NON-DISCRIMINATION

Pursuant to Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, Hospice of Havasu, Inc. does not discriminate in the provision of services on the basis of race, color, national origin, disability or age. For further information or to file a complaint, contact the Compliance Coordinator at (928) 453-2111 or toll-free (888) 468-2111.