

# ESTATE TREASURES

## Volunteer Application



17 Kent Towne Market

Chester, MD 21619

410-643-7360

Contact Information	
Name	
Street Address	
City, State, ZIP Code	
Home Phone/Cell Phone	
Email Address	
Date of Birth (month/day/year)	

Availability
Please indicate below all hours you are available for volunteer assignments:
Days: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday
Frequency: <input type="checkbox"/> Once a week <input type="checkbox"/> Twice a week <input type="checkbox"/> Every other week <input type="checkbox"/> Substitute <input type="checkbox"/> Other:
Preferred shifts:
<input type="checkbox"/> Morning Shift (10 a.m. – 1 p.m.) <input type="checkbox"/> Afternoon Shift (1 to 4:30 p.m.)
Availability: <input type="checkbox"/> Year-round <input type="checkbox"/> Part of the Year (please list dates):

Why have you chosen to volunteer with Estate Treasures?
Please describe any work or volunteer experiences which you feel have prepared you to be a volunteer:
What personal characteristics will allow you to best carry out your role as a volunteer?
Special talents, skills and/or abilities:

Emergency Contact	
Name	
Phone Number	

<b>References</b>	
<i>By entering individual information below, I authorize Compass Regional Hospice to contact my references.</i>	
1. Name	
Phone Number	
2. Name	
Phone Number	

<b>Referral Source: Please select all that apply</b>	
<input type="checkbox"/> Family/Friend	<input type="checkbox"/> Brochure/Flyer
<input type="checkbox"/> CRH Staff	<input type="checkbox"/> Newspaper/Radio/TV
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> ET Volunteer (name) _____

<b>Please review the attached agreements. Completion of all documents is required to volunteer with Estate Treasures and Compass Regional Hospice.</b>
<p>I hereby certify that all information I have provided is true and correct to the best of my ability.</p> <p>I, the undersigned, hereby release and hold harmless Compass Regional Hospice, its officers, employees, volunteers and supervisors from any and all liability damages, mishap or injury in the performance of any duties that I might perform. I assume all risks incident thereof with respect to myself.</p> <p>I irrevocably give, grant and convey to the Compass Regional Hospice, the absolute right and unrestricted permission to copyright and/or use and/or publish my name, my image or likeness on videotape and photographs taken of me while volunteering for Estate Treasures.</p> <p>I will be provided with a Volunteer Handbook at the start of my orientation and agree to follow the policies and procedures listed therein. At any time, I am able to request a duplicate copy or policies in their entirety from the Volunteer Department at Compass Regional Hospice.</p>

<b>Signature</b>	
Name ( <i>printed</i> )	
Signature	
Date	

<b>Please return your completed application to:</b>
<p>Volunteer Services, Compass Regional Hospice, 160 Coursevall Drive, Centreville, MD 21617 or <a href="mailto:kparkerson@compassregionalhospice.org">kparkerson@compassregionalhospice.org</a></p> <p>Estate Treasures welcomes CRH volunteers without regard to national origin, race, color, creed, religion, political affiliation or opinion, marital status, age, sex or handicap/disability or any other basis prohibiting by statue. Thank you for completing this application form and for your interest in volunteering us.</p>