



**No One Dies Alone Volunteer Companion Application**

*(You must be age 18 or older to apply.)*

Name: \_\_\_\_\_ Are you age 18 or older: \_\_\_ Yes \_\_\_ No

Address: \_\_\_\_\_  
Street City State Zip

Email: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
Day Evening

Student: \_\_\_ Yes \_\_\_ No If yes, where: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_  
Name Relationship Phone

Reason for Volunteering: \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

Times available (Ideally for a 4 hour shift): \_\_\_S \_\_\_M \_\_\_T \_\_\_W \_\_\_Th \_\_\_F \_\_\_Sa  
\_\_\_Morn \_\_\_Aft \_\_\_Even \_\_\_On call Hours Available \_\_\_\_\_

References (Not Family):

1. \_\_\_\_\_  
Name Address Phone

2. \_\_\_\_\_  
Name Address Phone

**By signing below, I agree that in addition to submitting my application, I will participate in a background check and an interview with the Volunteer Coordinator:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return your completed application to the Volunteer Coordinator.**

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