



**HOSPITAL
HOSPITALITY
HOUSE**
of Nashville

214 Reidhurst Avenue
Nashville, TN 37203
615-329-0477
hospitalhospitalityhouse.org

VOLUNTEER APPLICATION

Date Completed: _____

Date Received by HHH: _____

Full Name: _____ Date of Birth: _____

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email Address: _____

How do you prefer to be contacted? ___ home ___ work ___ cell ___ email

Education (circle highest completed): High School: 1 2 3 4 College: 1 2 3 4 Graduate: 1 2 3 4

If you are currently a student, where are you enrolled? _____

Have you previously volunteered for HHH? ___ yes ___ no If yes, dates: ___ / ___ to ___ / ___
mo. / yr mo. / yr

Times you are available to volunteer:

_____ M T W T H F _____ Availability to start: _____
(hours/wk) morning afternoon evening

Emergency Contact: _____
name relationship home cell/other

PREVIOUS VOLUNTEER EXPERIENCE

Name of Agency (most recent first)	Dates	Titles/Duties
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

WORK EXPERIENCE

Name of Employer (most recent first)	Dates	Titles/Duties
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Special Interests, Skills or Talents? _____

Do you speak Spanish or any other language fluently? _____

Have you ever been convicted of a crime other than a traffic violation? ___ yes ___ no

If yes, please explain: _____

Please list three references, including their contact information and telephone numbers.

1. _____
2. _____
3. _____

How did you hear about HHH? _____

I give my consent for HHH to contact former employees, volunteer references and personal references. I am willing to consent to a background check and drug test, if required. _____ Sign _____ Date _____



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**VOLUNTEER APPLICATION
QUESTIONNAIRE**
(Please return a completed form to HHH
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Applicant's Name: _____ Date: _____

1. Why are you interested in volunteering at Hospital Hospitality House?

2. Describe any previous experiences that have influenced your decision to volunteer here.

3. What volunteer positions are you interested in? (please refer to Volunteer Opportunities)

4. Would you prefer to work directly with guests? If yes, why?

5. What experience have you had working within a medical setting?

6. Do you prefer to work alone or with other people?

7. Please describe other commitments. (school, civic groups, etc.)

8. What do you expect to gain from your volunteer work at HHH?



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9. What kind of supervision do you prefer?

10. At HHH we conduct annual performance reviews for all volunteers. Are you comfortable with and will to participate in this process?

11. How will you respond if you experience conflict with guests, other volunteers or staff?

12. What will be challenging to you as a volunteer to HHH? How will you handle the challenge?

13. Have you experienced the death of someone close to you in the last 2-3 years? ___ yes ___ no
If yes, what was your relationship?

14. Do you have any medical conditions that will interfere with your volunteer work or commitment or that we need to keep in mind when planning your placement?

15. If you could create the perfect volunteer opportunity for yourself, what would you be doing?
