

No One Dies Alone · Volunteer Companion Application Dove Healthcare – West Eau Claire · 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 noti	fv:			
0 ,	Name	Relationship	Phone	
Reason for Volunteering:				
Previous Volunteer Experi	ence:			
Times available (Ideally fo	r a 4 hour shift):	SWTW	_ThFSa	
MornAftEven	On call	Hours Available		
References (Not Family):				
1				
Name	Address		Phone	
2				
Name	Address		Phone	
By signing below, I agree t in a background check and				
Signature		Date		