



Volunteer Application

Please print

Name of Applicant _____ Birthdate(for birthday card list only) _____

Address _____

City _____ Zip Code _____

Home Phone () _____ Work () _____ Cell () _____

Employer _____ Occupation _____

Can you receive calls at work: ___yes ___no ___emergency only

Person to be notified in an emergency:

Name: _____ Phone () _____

Address _____ City _____ Zip _____

Education/Special Training _____

Work Experience _____

Two Personal References (excluding family members.) Please provide a complete address, as references are verified by mail.

Name: _____ Phone () _____

Address _____ City _____ Zip _____

Name: _____ Phone () _____

Address _____ City _____ Zip _____

***Identified Areas of Interest:**

Patient/Family Care

____ Personal Care ____ Respite Care ____ Meal Delivery ____ Delivery of Medication

Bereavement

____ Caller ____ Home Visits ____ Support Groups ____ Office ____ Memorial Service Committee

Non-Patient Services

Clinical Fundraising Mailings Speakers Bureau Marketing Hostess

Do you know a language other than English? yes no

Language _____ Speak Read Write

Language _____ Speak Read Write

Other special services (manicurist, hairdresser, masseuse, etc.)

Do you have access to transportation? yes no

How did you hear about our Hospice volunteer program? _____

Why do you want to be a hospice volunteer? _____

What qualities (skills, knowledge and experience) do you feel you can incorporate into your hospice volunteer work?

Death and Dying

What are your thoughts and feelings about death? _____

Have you ever been with someone at the time of their death? yes no

If yes, please describe briefly: _____

Have you ever provided care to anyone who was dying? yes no

When thinking of your own death, what words best describe death to you?

I do not think about my own death sorrowful natural frightening painful

lonely joyful heavy peaceful dark

Other _____

Comments: _____
