



## VOLUNTEER APPLICATION

*Please print*

Name of Applicant \_\_\_\_\_ Birthdate (for birthday card list only) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

e-mail \_\_\_\_\_

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*

Companionship  Respite Care  Reading  Transportation

*Bereavement*

Caller  Home Visits  Support Groups  Office  Children's Grief Camp

*Non-Patient Services*

Clerical  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 (play musical instrument, licensed manicurist, hairdresser, masseuse, etc.)

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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? \_\_\_\_\_

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

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#### Death and Dying

What are your thoughts and feelings about death? \_\_\_\_\_

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

If yes, please describe briefly: \_\_\_\_\_

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

If yes, please describe briefly: \_\_\_\_\_

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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: \_\_\_\_\_

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