



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

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 (play musical instrument, licensed 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 experiences) 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

If yes, please describe briefly: _____

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: _____
