



Volunteer Application

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

SSN: _____ - _____ - _____ Date of Birth: _____ (mmddyyyy)

(This information is for the use of a background check only and will be handled with the utmost confidentiality)

Home Phone: _____

Cell Phone: _____

Email Address: _____

How do you prefer to be contacted? Snail Mail Home Phone Cell Phone Email

Please list any/all of your education/special training

Why is your motivation for being a hospice volunteer?

Have you lost anyone close to you within the last year? If Yes, please explain.

(We feel that allowing oneself a minimum of 1 year following the loss of a loved one is appropriate in order to be truly available to help others)

What is your past volunteer experience, if any?

For Patient Care Volunteers:

Please describe any work or other experiences which you feel have prepared you to work with people who are terminally ill. (Please list any professional background such as massage therapy/healing arts, nursing, counseling, etc.)

Do you fear death? How do you feel about your own death?

Have you been with someone at the time of their death? If yes, explain your feelings at that time and now.

What is your availability to volunteer with patients? Circle all that apply.

Weekends Monday Tuesday Wednesday Thursday Friday
Mornings Afternoons Evenings Other: _____

What cities are you available to volunteer?

Please provide 2 Personal References (excluding family members)

Please provide an updated telephone number or email address, as references are verified by these two means.

Reference 1:

Name: _____ Relationship: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Email: _____

Reference 2:

Name: _____ Relationship: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Email: _____

Agreement:

I understand that I will be offered and will be required to complete 20 hours of Hospice Volunteer Training, including being deemed appropriate for the tasks for which I hope to perform in the hospice. If I am interested in 11th hour work, or becoming a bereavement support volunteer, I will be required additional training as stated by Volunteer Coordinator and Bereavement Program Manager.

We ask that our volunteers are able to make at least a one (1) year commitment to volunteering with us. Volunteers generally make a commitment to 1-2 hours per week, give or take.

Signature _____

If submitting via email, please check the appropriate box below to accept this agreement:

____ I accept

____ I do not accept