



Thank you for your interest in becoming a hospice volunteer. Please complete both sides of this application and return it to the address listed.

Name (Last, First, MI)		Are you over age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No		Birthday (Mo/Day)	
Address			City, State, Zip Code		
Home Phone		Cell Phone		Email	
Occupation:					
Briefly describe the type of work you do:					
Total # of hours per week you are available for hospice volunteering:					
<input type="checkbox"/> Daytime _____ <input type="checkbox"/> Evenings _____ <input type="checkbox"/> Weekends _____ <input type="checkbox"/> Other _____					
Level of Education: <input type="checkbox"/> High School <input type="checkbox"/> 2 yr College <input type="checkbox"/> 4 yr College <input type="checkbox"/> Post Graduate					

List experiences you believe would be helpful to you in hospice volunteering, ie: schooling, work, volunteer experience, arts/crafts, office skills, etc.

Date	Type of Experience
List Below any Special Skills or Talents	

Personal Information:

Please describe any volunteer experience you've participated in:

Club or Organization Affiliations:

Why do you wish to be involved with hospice?

Have you had experience with the terminally ill?

If yes, explain: _____

Do you speak a foreign language: Yes No

If yes, which languages: _____

Do you have available transportation for your volunteer work? Yes No

Do you have a valid Driver's License? Yes No

Do you have valid liability insurance? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

(Conviction will not necessarily disqualify you from volunteering.)

If yes, explain: _____

AS IT PERTAINS TO VOLUNTEERING	
List three personal strengths:	List three personal challenges:
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Areas of Interest: (please check all that apply)

Direct Care:

- Patient and/or Family visits
- Relieve primary caregiver
- Transportation
- Meal Preparation
- Write Letters
- Reading
- Homemaking chores
- Shopping
- Bereavement Follow-up

Indirect Care:

- Speakers Bureau
- Office Assistance
- Mass Mailings
- Host/Hostess for Hospice events
- Sewing/Crafts
- Videotaping
- Photography
- Computer Work
- Music or Entertaining

Personal References:

1. _____
Name _____ Phone Number _____ Relationship _____
2. _____
Name _____ Phone Number _____ Relationship _____

In Case of Emergency:

Contact: _____
Name _____ Phone Number _____ Relationship _____

Physician: _____
Name _____ Phone Number _____ Relationship _____

Signature of Applicant: _____ **Date:** _____