



Hospice Volunteer Application

| | | |
|---|-------|----------|
| Date: | | |
| Name | | |
| (Please circle one Mr. / Mrs. / Ms. / Miss) | | |
| Address | | |
| City | State | Zip Code |

| | |
|----------------------|--------------------|
| Home Phone: () | Work Phone: () |
| Email Address: | |
| Occupation: | |
| | |
| Employment History: | |
| | |
| Education / Training | |
| | |

| | | | | |
|--|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Select State of Health | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Do you have any physical handicap or special physical needs? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, please describe: | | | | |
| | | | | |
| In the event of an emergency, whom should we notify? | | | | |
| Name: | | Phone: () | | |
| Address | | | | |
| City | State | Zip | | |
| Briefly explain reasons for volunteering and past volunteering experience: | | | | |
| | | | | |
| | | | | |

| | | |
|--|------------------------------|-----------------------------|
| Can you volunteer an average of three hours per week? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can you give an additional 9 hours per year for in-services or group meetings? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can you commit to a full year of services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If you answer "no" to any of the above, please explain: | | |
| | | |

| | | | | |
|---|---------------------------|---------------------------|-------------------------|-------------------------|
| Please note the times you are available to volunteer: | | | | |
| | 09:00 AM to 12:00 Noon | 12:00 Noon to 03:00 PM | 03:00 PM to 06:00 PM | 06:00 PM to 09:00 PM |
| MONDAY | | | | |
| TUESDAY | | | | |
| WEDNESDAY | | | | |
| THURSDAY | | | | |
| FRIDAY | | | | |
| SATURDAY | | | | |
| SUNDAY | | | | |

| | | | |
|---|---|------------------------------------|--|
| Check the area(s) of volunteering you are interested in supporting: | <input type="checkbox"/> Inpatient Unit | <input type="checkbox"/> Home Care | <input type="checkbox"/> Pastoral Care |
| | <input type="checkbox"/> Administration | <input type="checkbox"/> Resources | <input type="checkbox"/> Other |
| List additional specific skills or experience: | | | |
| | | | |

Please list below two people (other than family members) we can contact as references:

| | |
|---|---|
| Name: | Name: |
| Address: | Address: |
| City: State: Zip: | City: State: Zip: |
| Phone | Phone: |
| Relationship: | Relationship: |
| Known you for how long? | Known you for how long? |