



Hospice Volunteer Application

Name: _____ Date: _____

Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____ Preferred Method: Call Text Email

Volunteer Position Desired: Patient Care Clerical Bereavement
 Other _____

Times Available: Hours per week _____ Days _____ Evenings _____
 Nights _____ Weekends _____

Employment/Volunteer History:

Present Occupation: _____

Employer: _____

Employer/Agency	Dates	Description of Work
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand the information I provided above may be used to determine my eligibility as a hospice volunteer. I also understand that a Tuberculous (TB) screening and criminal background check are required prior to my start as a hospice volunteer.

Signature: _____ Date: _____

Optional Information: *You are not required to complete this section. Completion of this information will not be used to determine your eligibility to be a hospice volunteer. The following information be used to assist in matching you with patients of similar backgrounds and/or areas of interest.*

Marital Status _____ Dependents (ages) _____

Education Completed: _____ Degree/Specialty: _____

Hobbies/Interests/Skills _____

Religious Affiliation (if applicable) _____ My faith is important to me.

Health: Do you have any health concerns that could impact your capacity to serve as a volunteer (i.e. communicable diseases, injuries)? _____



Why are you interested in being a hospice volunteer? _____

List the significant deaths which occurred in your life and your age at the time of each:

List any other recent losses which you have experienced: _____

What was your most recent significant encounter with death and when did it occur? _____

Have you ever worked with dying people? Specify type of encounter: _____

What are your thoughts about working with Hospice patients your own age? _____

Are you a veteran? No Yes If yes, what branch of service? _____

Did you serve in any wars and/or combats? No Yes If yes, what war(s)/combat(s)? _____

Have you attended any workshops or training relevant to Hospice volunteering (Be specific):

What do you expect to gain for yourself from your association with Hospice?

Additional Comments:

----- Do Not Complete – For Volunteer Coordinator Only -----

Coordinator Comments: