# VOLUNTEER APPLICATION

**Thank you for your interest in becoming a hospice volunteer. Please complete and return to the Volunteer Coordinator.**

| | | | |
|---|---|---|---|
| Name (Last, First, MI) | | Are you over 18 years old? ☐ Yes ☐ No | DOB (Month/Day) |
| Address: | | Home Phone: | Cell/Pager: |
| City, St, Zip: | | E-mail: | |
| Employer: | | Work Phone: | |
| Occupation: | Working Hours: | E-mail address: | |
| Briefly describe the type of work you do: | | | |
| Total number of hours per week you could be available for hospice volunteering:<br>☐ Daytime: _____ ☐ Evenings _____ ☐ Weekends _____ ☐ Other: _____ | | | |
| Level of Education: ☐ High School ☐ 2 Year College ☐ 4 Year College ☐ Post Graduate | | | |
| **Foreign languages spoken:** | | | |

**RELIGIOUS AFFILIATION (**optional -- this assists us in proper placement of our volunteers. We server patients regardless of religious affiliation)

☐ Catholic ☐ Protestant ☐ Jewish ☐ None ☐ Other: _____

**PERSONAL INFORMATION**

How did you hear about us?

Why do you wish to be involved in hospice?

What organizations or clubs do you belong to?

Have you had any experience with the terminally ill? ☐ Yes ☐ No

Has someone close to you died within the past year? ☐ Yes ☐ No

| | Yes | No |
|---|---|---|
| Do you have available transportation for your volunteer work? | | |
| Do you have a valid California driver's license | | |
| Do you have automobile liability insurance?<br>(Auto insurance is required if you use your car for hospice work) | | |
| Have you been convicted of a felony within the last 7 years?<br>(Conviction will not necessarily disqualify you from volunteering) | | |

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**List experiences you believe would be helpful to you in hospice volunteering, i.e., schooling, work, volunteer experience, office skills, arts and crafts, etc.**

| Date | Type of Experience |
|---|---|
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**AREAS OF INTEREST:** (Please check areas of interest)

**Direct:**

- ☐ Patient and/or family visits
- ☐ Relieve primary caregiver
- ☐ Write letters
- ☐ Make calls to patients/families
- ☐ Singing to a patient
- ☐ Meal preparation
- ☐ Read to patient
- ☐ Child care
- ☐ Massage
- ☐ Play an instrument
- ☐ Shopping/run errands
- ☐ Minor homemaking chores
- ☐ Bereavement follow-up/calls
- ☐ Reiki
- ☐ Barber, Beautician, Manicurist

☐ **Interested in being mentored** ☐ **Interested in being a volunteer mentor**

**Indirect:**

- ☐ Speakers bureau
- ☐ Office assistance/mailings
- ☐ Assist at a Memorial Event
- ☐ Sewing/crafts
- ☐ Videotaping
- ☐ Photography
- ☐ Clerical/Computer work
- ☐ Health Fairs/Farmers Markets
- ☐ Host/hostess for hospice events

**PERSONAL REFERENCES:**

| Name | Relationship | Phone |
|---|---|---|
| | | |
| | | |

**IN CASE OF EMERGENCY:**

| | |
|---|---|
| Name: | Relationship: |
| Home Phone: | Work Phone: |
| Physician: | Physician. Phone: |

| | |
|---|---|
| Applicant Signature: | Date: |