



HOSPICE VOLUNTEER APPLICATION FORM

CONTACT INFORMATION

Date: _____ Date of Birth: _____

Name (First, Last, Middle Initial): _____

Nickname: _____

Address: _____

City, State, Zip: _____

Phone Number:

Home: _____

Cell: _____

Text? [Yes] [No]

Work: _____

May we contact you at work? [Yes] [No]

E-Mail: _____

PLEASE TELL US MORE ABOUT YOU...

List any service clubs, professional or trade groups, faith community or organizations that you belong to.

Do you know a language other than English?

_____ Speak Read Write (circle all that apply)

_____ Speak Read Write (circle all that apply)

If employed, does your company promote workplace giving or match charitable gifts?

Did you serve in the military? Yes No If yes, what branch did you serve in?

Education/Field of Studies/Special Skills (manicurist, hairdresser, musician, etc):

What are your hobbies, interests, recreational activities?

When, where and how did you learn of the hospice concept?

What qualities do you feel you can incorporate into your volunteer work? (knowledge, experiences, skills)

Briefly share any experience with hospice and/or caregiving for someone who was dying.

What losses have you had in your life? Any within the past year?

When thinking of your own death, what words best describe death to you? (Circle all that apply)
I do not think about my own death sorrowful natural frightening painful joyful peaceful heavy lonely other
Comments:

EMERGENCY CONTACT

Name: _____

Phone: _____ Relationship: _____

REFERENCES

Name	Occupation/Relationship	Telephone	E-Mail Address
1.			
2.			

Volunteer Signature

Date