



# 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: \_\_\_\_\_

(to receive HEARTline – Volunteer Newsletter & other Adoray Correspondence)

## PLEASE TELL US MORE ABOUT YOU...

Availability:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday Holidays Late Night All Night  
(Please circle all that apply)

Times Available: \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

How would you like to receive your HEARTline Volunteer Newsletter?

E-Mail

Postal Mail

Both

Are you a veteran? If so, which branch of the Armed Forces did you serve?

\_\_\_\_\_

Education/Field of Studies:

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

Why do you wish to be considered for a hospice volunteer position?

Previous work experience as a volunteer or employed worker?

Briefly share any experience with hospice and/or caregiving.

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

What are your hobbies, interest, recreational activities?

How did you learn about Adoray Home Health & Hospice?

**EMERGENCY CONTACT**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**REFERENCES**

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

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date