



## VOLUNTEER APPLICATION

Applicant Name \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Can You Receive Calls at Work?: Yes No Emergency Only

### PERSON TO BE NOTIFIED IN AN EMERGENCY

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### EDUCATION/SPECIAL TRAINING

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### WORK EXPERIENCE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### TWO PERSONAL REFERENCES (excluding family members). Please provide a complete address, as references are verified by mail.

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you know a language other than English?: Yes No

Language \_\_\_\_\_ Speak Read Write

Language \_\_\_\_\_ Speak Read Write

Other special services: (i.e. manicurist, hairdresser, masseuse, etc.)

Do you have access to transportation?: Yes No

**How did you hear about our Hospice Volunteer Program?:**

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**Why do you want to be a hospice volunteer?:**

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**What qualities (i.e. skills, talents, knowledge and experiences) do you feel you can incorporate into your hospice volunteer work?:**

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### DEATH AND DYING

What are your thoughts and feelings about death?:

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Have you ever been with someone at the time of their death? Yes No

If yes, please describe briefly:

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Have you ever provided care to anyone who was dying? Yes No (If yes, please explain)

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When thinking of your own death, what words best describe death to you?

I do not think about my own death sorrowful natural frightening painful

Lonely Joyful heavy peaceful dark

Other: \_\_\_\_\_

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Comments:

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Volunteer Signature

Date