



VOLUNTEER APPLICATION

NAME AND ADDRESS

Name _____
Last First MI

Street address _____
City State Zip

Home phone _____ OK to call me here Email address _____
Work phone _____ OK to call me here
Cell phone _____ OK to call me here

EDUCATION/SPECIAL TRAINING

High school College Graduate school Specialized training _____

PREVIOUS VOLUNTEER EXPERIENCE

Name of Organization	Type of Work	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT

Are you currently employed? Yes Full time Part time No

Name of employer _____

AREAS OF INTEREST

You may check more than one.

- Patient/family homes Patient/family facilities McCarthy Care Center
- Clerical Philanthropy/special events Pet therapy
- Massage therapy * Reiki * Veteran

**These disciplines must be licensed or certified*

Are you a veteran? Yes No Do you play a musical instrument? Yes No
Instrument: _____

Do you speak a language other than English? Language: _____
 Speak Read Write

Do you have access to transportation? Yes No

Areas or towns in which you wish to volunteer: _____

How did you hear about Hope Hospice? _____

Why do you want to be a hospice volunteer? _____

BEREAVEMENT

Have you experienced any deaths of family members or someone close to you? Yes No
Please describe your relationship to the person(s) and when they died. _____

Have you experienced a significant loss (i.e. death of a loved one, divorce, job loss) within the past year?

Yes No If yes, describe briefly how you think this would/would not impact your work as a hospice volunteer. _____

Describe any concerns or fears you have about being with a patient/family dealing with end of life issues? _____

REFERENCES Please give two personal references who are NOT family members.

Name _____ Phone _____ Email _____

Address _____

Name _____ Phone _____ Email _____

Address _____

EMERGENCY CONTACT

Name _____

Last

First

Street address _____

City

State

Zip

Home phone _____

Work phone _____

Email _____

Cell phone _____

DECLARATION: I hereby certify that the statements made on this application are true and correct to the best of my knowledge. I understand that, by submitting this application I authorize inquiries to be made concerning my suitability as a volunteer.

Volunteer Signature

Date