

HOSPICE OF HOPE, INC.

Volunteer Application

Date: _____

Thank you for your interest in becoming a Hospice of Hope volunteer. The following information will provide us with a clear understanding of your abilities and interests and will help us to best channel your energies and capabilities. This information has proven most helpful in making volunteer assignments.

GENERAL INFORMATION

Name: _____

Last

First

Middle

Address: _____

Date of Birth: _____ Social Security Number: _____

Marital Status: Single Married Separated Divorced Widowed

Telephone: Home: _____ Cell: _____ Work: _____

Email: _____

Employer: _____ Occupation: _____

Briefly describe type of work you do:

Hours you normally work: _____ May we contact you at work? _____

Total hours per week you could be available for hospice volunteering:

Daytime _____ Evening _____ Weekends _____ Other _____

EDUCATIONAL BACKGROUND

What is your educational background? _____

PERSONAL INFORMATION

1. Have you done any volunteer work? Yes No If yes, explain _____

2. How did you hear about Hospice of Hope and why do you wish to be involved with us? _____

3. Do you have any relatives working for Hospice of Hope? Yes No
If yes, provide names and relationship _____

4. Do you have any experience with terminally ill and/or bereaved persons? Yes No

If yes, briefly explain _____

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5. Do you speak a foreign language? Yes No What? _____
6. Do you have a valid driver's license? Yes No
7. Have you ever been convicted of a felony? Yes No

If yes, briefly explain _____

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses, certificates and/or characteristics about yourself that may help you as a volunteer:

CIVIC INVOLVEMENT

List professional, trade, business, or civic associations and offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

OTHER INFORMATION

List special accomplishments, publications, awards (exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status) or any other information you would like us to know about you.

REFERENCES

List name, address and telephone number of four business/work reference or list four school or personal references that are not related to you.

Name	Address	Telephone	Years Known
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		()	
		()	
		()	

AREAS OF INTEREST

DIRECT

- Relieve Primary Caregiver/Respite
- Transportation
- Meal Preparation
- Writing Letters
- Homemaking Chores
- Shopping/Errands
- Home Repair and Special Services
- Feeding
- Bereavement
- In-Patient Care
- Nursing Home/Home Care

INDIRECT

- Hospice Office Work
- Mass Mailings
- Fundraising
- Host for Hospice Gatherings
- Telephoning
- Sewing
- Publicity
- Writing Letters
- Gardening
- Flower Arranging

Signature _____ Date _____