



**VOLUNTEER APPLICATION**

Please type or print clearly

Date:

**NAME AND ADDRESS**

Last name	First	Middle Initial
Current Address		
City	State	Zip

**PHONE NUMBERS** **E-MAIL ADDRESS**

Home	Work	Cell	E-MAIL ADDRESS

**SOCIAL SECURITY NUMBER** **DATE OF BIRTH** **HEALTH PROFESSIONAL**

SOCIAL SECURITY NUMBER	DATE OF BIRTH	HEALTH PROFESSIONAL
		<input type="checkbox"/> N/A State Registration #:

**EMERGENCY CONTACT INFORMATION**

Name	Phone #

**REFERRAL SOURCE**

Newspaper  
 Church announcement  
 Community poster  
 Friend  
 Hospice staff/volunteer  
 Other

**EXPERIENCE / SKILLS**

Volunteering  
 Patient care  
 Office-Clerical  
 Housekeeping  
 Pet therapy  
 Spiritual Support  
 Sewing  
 Other:

**REFERENCES - LIST 2 PEOPLE OUTSIDE OF YOUR FAMILY**

Name	Phone #
Name	Phone #

**GENERAL INFORMATION**

Why do you wish to volunteer at our hospice?

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What does Hospice mean to you?

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Have you had any personal experiences with death?     Yes     No  
If yes, we ask that you wait one year after the death before taking the training

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Have you cared for someone who was dying?

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Is there anyone in your family who is terminally ill?

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How does your family feel about you volunteering for Hospice?

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What qualities do you think are your strong points?

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Signature: