



Hospice & Palliative Care

VOLUNTEER APPLICATION

Name of Applicant (include Nickname): _____

Date of Applications: _____

Address: _____

City / State _____ Zip _____

E-Mail address _____

Home Phone _____ Cell Phone _____

Work Phone w/extension _____

Which number you prefer us to use: _____ Birthday (*Month/Day -for birthday card list only*) _____

Employer _____ Occupation: _____

Employer address _____

Can you receive calls at work: **Yes** **No** **Emergency Only**

US Citizen: Yes ___ No ___ Are you able to commit to one year of service at 1-3 hours per week? _____

Education/Special Training

Work Experience

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

What particularly interests you about Hospice volunteering:

Areas of Interest: (*non-patient does not require 20 hour training course*)

Patient/Family Care

In Home In Nursing Home Pet Visitation (list certifying agency) Alternative Therapies (please list)

Bereavement

Caller Support Group Co-Facilitator Office/Clerical Memorial Service Committee

Original to Volunteer Personnel File



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Non-Patient Services

Clerical Mailings Events Marketing General Office Special Programs _____

Do you know a language other than English (including ASL)? Yes No

Language & Skill Level: _____ Speak Read Write

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Other special services you can provide: (manicurist, hairdresser, masseuse, etc. Please list licenses, certification levels, etc.) _____

Do you have access to transportation? Yes No

Do you have special access needs (including pet and/or smoking allergies)? Yes No **If yes, please explain:** _____

Person to be notified in an emergency:

Name _____ Relationship: _____

Phone(s): _____

Address _____ City _____ Zip _____

Two Personal References (*excluding relatives*) please provide a complete address, as references are verified by mail.

Name _____ Phone/e-mail _____

Address _____ City _____ Zip _____

Name _____ Phone/e-mail _____

Address _____ City _____ Zip _____

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 employment, character and public records for the purpose of determining my suitability as a volunteer. I agree to respect the confidentiality of any client information I acquire in the course of my volunteer activities with Evercare Hospice.

Applicant Signature: _____ Date: _____

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