**Sunset Hospice Care, LLC.**

630 N. Rosemead Blvd., Suite 350, Pasadena, CA 91107

Tel #: 855-786-7389 Fax #: 855-786-7380

VOLUNTEER APPLICATION FORM

Thank you for your interest in becoming a Sunset Hospice Care Volunteer. This application form was developed specifically for our Hospice program, and therefore some of the questions may seem unduly personal or private. However, this information has proven to be most helpful in making our volunteer assignments. We ask that volunteers make a 6 month commitment to working with our agency.

Name Today’s Date

Address City State/Zip

Birthdate Phone

Cell Phone E-Mail Address

Occupation Business Phone

Employer Social Security #

Can receive calls at work: □ Yes □ No □ Emergency Only

Person to be notified in an emergency:

Name Phone

Address City State/Zip

Education – Schools Attended: Degree Major

Employment History: Dates Job Title Supervisor Phone #

Volunteer Experience: Dates Description of Work

Other Involvements/Professional Affiliations/Honors

Why do you want to be a Hospice Volunteer?

Has someone close to you died recently? If so, please explain the circumstances.

Categories of Volunteer Service:

**Patient/Family Care**

□ In Home □ In Nursing Home □ In Facility □ Transportation □ Personal Care

□ Meal Delivery □ Alternative Therapies

**Bereavement**

□ Caller □ Home Visits □ Support Group Co-Facilitator □ Transportation

□ Office/Clerical □ Memorial Service Committee

**Non-Patient Services**

□ Caller □ Fundraising □ Mailings □ Events □ Courier □ Data Entry

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

Language □ Speak □ Read □ Write

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

Available time for volunteer work: □ Days □ Evenings □ Weekends

How did you hear about our Hospice Volunteer Program?

**Death and Dying**

What are your thoughts and feelings about death?

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

If so, please describe briefly:

Have you ever provided care to anyone who was dying? □ Yes □ No

If so, please describe briefly:

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

Two Personal References (excluding family members). Please provide a complete address, as references are verified by mail.

1. Name Occupation

Address Phone

Relationship to applicant

2. Name Occupation

Address Phone

Relationship to applicant

Do you have access to transportation? □ Yes □ No

Do you have automobile insurance? □ Yes Policy # Exp.

Do you have a valid driver’s license? □ Yes □ No

Do you have daytime access to a car? □ Yes □ No

Are you willing to provide transportation? □ Yes □ No

Please enclose a copy of your driver’s license and auto insurance card.

I am willing to make a 6-month commitment as an active volunteer with Sunset Hospice Care.

Signature of Applicant Date of Interview

Interviewer’s Comments:

Interviewer’s Signature

I do authorize the release of all records or information to Sunset Hospice Care to be used in a background investigation as a prerequisite to volunteering. Background information will include a criminal record check, employment records verification, and references.

Signature of Applicant Date

Witness