

# HOSPICE TOUCH VOLUNTEER APPLICATION

Thank you for your interest in becoming a hospice volunteer. Please complete both sides of this application and return it to the address listed.

Name (Last, First, MI)	Are you over 18 years old? € Yes € No	Birthday (Mo/Day)
Address	Home Phone #	
City, State, Zip Code	Pager/Cell Phone #	
Employer	Work Phone #	
Occupation	Working Hours:	
Brief describe the type of work you do:		
Total number of hours per week you could be available for hospice volunteering: € Daytime _____ € Evenings _____ € Weekends _____ € Other _____		
Level of Education: € High School € 2 Yr College € 4 Yr College € Post graduate		

**Foreign languages spoken:** \_\_\_\_\_

**Religious Affiliation:**

(Optional—this assists us in proper placement of our volunteers. We serve patients regardless of religious affiliation).

€ Catholic € Protestant € Jewish € None € Other \_\_\_\_\_

**Personal Information:**

How did you hear about us? \_\_\_\_\_

Why do you wish to be involved in hospice?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What organizations or clubs do you belong to?  
\_\_\_\_\_  
\_\_\_\_\_

€ Yes € No Have you had experience with the terminally ill?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

€ Yes € No Has someone close to you died within the past year?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you like about yourself?

(side 2)

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Yes  No Do you have available transportation for your volunteer work?

Yes  No Do you have a valid California driver's license

Yes  No Do you have automobile liability insurance?  
(Auto insurance is required if you use your car for hospice work)

Yes  No Have you been convicted of a felony within the last 7 years?  
(Conviction will not necessarily disqualify you from volunteering.)

List experiences you believe would be helpful to you in hospice volunteering, i.e., schooling, work, volunteer experience, office skills, arts and crafts, etc.

Date	Type of Experience

Areas of Interest: (please check areas of interest)

**Direct:**

- Patient and/or family visits
- Relieve primary caregiver

- Meal preparation
- Read to patient
- Write letters

- Shopping/run errands
- Homemaking chores
- Child care
- Bereavement follow-up

**Indirect:**

- Speakers bureau
- Office assistance
- Mass mailings

- Sewing/crafts
- Videotaping
- Photography

- Computer work
- Music or entertaining
- Host/hostess for hospice events

Personal References: (with phone numbers)

1. \_\_\_\_\_

2. \_\_\_\_\_

**In Case of Emergency:**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Physician: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_