



Volunteer Application

For Internal Use Only	
Application Rec'd.	_____
First Interview	_____
Intro. Training	_____
Intake Interview	_____

Last Name _____		First Name _____		Middle Initial _____	Today's Date _____
Mailing Address: _____					
Number _____		Street _____		City _____	Zip Code _____
If Different - Residence Address: _____					
Number _____		Street _____		City _____	Zip Code _____
Home Telephone: _____			Business Telephone: _____		
Cellular Telephone: _____			E-mail address: _____		

Volunteer Opportunities you may be interested in:

Organizational Support
 Hospice Patient Care
 Adult Day Services
 Canine Assisted Therapy
 Not Sure Yet

When are you available to volunteer? _____

Do you have any schedule restrictions? _____

Current Occupation: _____

Languages:

Some of our patients/participants do not speak English. Do you speak, write or understand any foreign languages?
 Yes No

If so, which ones?: _____

Talents, Skills, and Abilities: Tell us about yourself and any experience, training or qualifications.

Prior Life Experience: List any related experience working with the terminally ill, those that are bereaved, the elderly or persons with physical or mental disabilities, and your relationship with them.

How/Where did you hear about our volunteer program?

Why would you like to work with our Hospice and/or Adult Day Services program(s)?

What is your personal philosophy in regard to the process of aging, death and dying?

What are the important losses in your life and their approximate dates?

What are your sources of emotional/spiritual support?

How do you manage your own stress?

How do the significant people in your life feel about you volunteering with Hospice and/or Adult Day Services?

Applicant's Signature

Date