

Grace Hospice Volunteer Application

Thank you for your interest in becoming a volunteer with Grace Hospice. In order to better serve our patients and their families, this application was developed specifically for our Hospice Program. Some of the questions may seem personal or private, however this information has proven to be most helpful in making volunteer assignments.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Emergency Contact: _____

E-mail address: _____

Marital Status: Single Married Divorced Widowed (how long _____)

How did you learn of Grace Hospice? _____

Volunteer Experience

| Agency | City/State | Duties | Supervisor | Dates |
|--------|------------|--------|------------|-------|
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Work Experience (most recent first)

| Employer | City/State | Title | Dates |
|----------|------------|-------|-------|
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| | | | |

Education

| School | City/State | Years Studied | Degree/Diploma | Date |
|--------|------------|---------------|----------------|------|
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List any professional licenses (include type and license #): _____

Describe any special training, apprenticeship, skills (such as languages spoken other than English), or other activities that you feel may be helpful as a volunteer:

Please check the boxes below, indicating which type(s) of volunteer duties you would be interested in:

Direct Patient Care Activities – working directly with the patients and their families (may include patient visitation, caregiver respite, telephone contacts, errands, etc.)

Indirect Patient Activities – not working directly with the patients (may include yard work, pet care, light construction, sewing, baking, treats/gifts, projects, etc.)

Administrative Activities (may include typing, mailings, filing, phone support, copying, faxing, special projects, etc.)

What is your availability to fulfill your volunteer commitment?

indicate am and/or pm availability:

indicate am and or pm availability:

Monday am/pm

Friday am/pm

Tuesday am/pm

Saturday am/pm

Wednesday am/pm

Sunday am/pm

Thursday am/pm

Please state briefly your reasons for wanting to be involved with hospice:

Please write briefly about your personal experience with significant losses (deaths, divorce, etc.). For deaths, please indicate the relationship, dates and state your level of involvement:

Have you ever been convicted of a felony *? Yes ____ No ____

If so, please provide information regarding type and date felony occurred:

*Note: Disclosure of this information will not necessarily preclude you from becoming a volunteer with our organization.