



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	Cell Phone # Pager Phone #	
Employer	Work Phone #	
Occupation	Email Address:	
Briefly 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_____

Are you a veteran or a member of the military? _____

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?

(Side 2)

What do you like about yourself?

[] 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.)

[] Yes [] No Do you have a medical condition which may affect your volunteer work?
(If yes- list condition/medications and physician contact phone number below.)

HEMOCARE VOLUNTEERS ARE REQUIRED TO PROVIDE NECESSARY HEALTH SCREENINGS AT THEIR EXPENSE BEFORE COMMENCEMENT OF PATIENT CARE. Information will be provided at time of initial interview.

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

Personal References: (with phone numbers)

1. _____

2. _____

In Case of Emergency:

Name: _____ Relationship _____

Home Phone: (_____) _____ Work/Cell Phone: (_____) _____ Ext. _____

Physician: _____ Office Phone: (_____) _____

APPLICANT SIGNATURE: _____ **DATE:** _____