



Hospice | Home Health

6377 Clark Ave, Ste. 100 Dublin, CA 94568
(925)-829-8770 Fax: (925) 829-0868

(Side 1)

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Birthday (mm/dd/yy)
Address City State, Zip Code	Home Phone # Cell Phone # Work Phone # *please indicate preferred number	
Email Address		
Employer		
Occupation		
Briefly describe the type of work you do:		
Total number of hours per week you could be available for hospice volunteering: <input type="checkbox"/> Daytime _____ <input type="checkbox"/> Evenings _____ <input type="checkbox"/> Weekends _____ <input type="checkbox"/> Other _____		
Level of Education: <input type="checkbox"/> High School <input type="checkbox"/> 2 Yr College <input type="checkbox"/> 4 Yr College <input type="checkbox"/> 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? Yes No

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?

Have you had experience with the terminally ill? Yes No

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

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 Do you have a medical condition which may affect your volunteer work?
(If yes- list condition/medications and physician contact phone number below.)

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:

Name	Years known	Phone Number
Name	Years known	Phone Number

In Case of Emergency:

Name	Relationship	Phone Number
Physician		Phone Number

APPLICANT SIGNATURE: _____ **DATE:** _____

Current Skills:

Area	√Skill
Financial:	
Accounting	
Banking	
Bookkeeping	
Retail:	
Cashier	
Customer service	
Display	
Fundraising	
Marketing	
Health Care Field:	
CNA/HHA	
EMT	
LVN	
Medical Assistant	
Physician	
RN	
Business:	
CEO/President	
Director	
Manager	
Office:	
Computers	
Copying	
Mailing	
Receptionist	
Typing	
Communication:	
Customer Service	
Foreign Language	
Language Translation	
Public Speaking	
Training	
Writing/Publishing	
Other Skills:	
Acting	
Art Therapist	
Artist	
Calligraphy	
Carpentry/Construction	
Child Care	
Cosmetologist	
Counseling	
Crafts/ Sewing	
Educator	
Electrician	
Driver	
Gardening	
Handyman Repairs	
Legal Services	
Massage Therapist	
Music Therapy	
Photography	
Play Musical Instrument	
Real Estate	
Sing in Choir	
Video Editing	
Video Equipment	
Other:	

Past Organization Leadership:	
Board of Directors	
Chairman	
Committee Member	
Fund Raising/ Foundation	
President	
Secretary	
Treasurer	
Vice President	
Other:	

Area of Interest for Hope Hospice:

Volunteer Area:	√
Pt. Care Services:	
Friendly Visits	
Errands	
Music	
Biographer	
Reiki	
Acupuncture	
Meal Preparation	
Reading/ Writing Letters	
Relieve Primary Caregiver	
Vigil (bedside at the time of death)	
Bereavement Services:	
Bereavement Group Facilitator	
Bereavement Support (1 to 1)	
Children's Bereavement	
Bereavement Office Support	
Office Assistant:	
Copying	
Filing	
Computers	
Mailing	
Development/Outreach:	
Ambassador (Public Speaking)	
Fundraising	
Health Fairs	
Special Events	
Special Skills:	
Handyman/Home Repair	
Video Biographer	
Other:	