

# Hospice Volunteer Application

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email : \_\_\_\_\_

DOB: \_\_\_\_\_ Place of Employment \_\_\_\_\_

Emergency contact name \_\_\_\_\_ relationship \_\_\_\_\_

Emergency contact phone number \_\_\_\_\_

Do you have an illness or condition that may affect your work as a volunteer\*? yes  no

\*This may include allergies (potential animals in homes of clients etc), back issues that would affect your ability to lift, etc.

If yes, please explain: \_\_\_\_\_

Languages spoken: \_\_\_\_\_

Education and work history: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What areas of hospice would you like to be involved in?** check as many as you like:

- Support of clients and families
- Visiting in the home
- Visiting in a care facility
- Secretarial
- Fundraising
- Driving clients to appointments
- Bereavement follow up
- Boardmember

**Volunteer experience:** Have you volunteered before? yes  no

If yes please give details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please give your reasons why you want to become a hospice volunteer and why you are suited for this work:

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Do you foresee any limitations while you carry out your Hospice volunteer work? If yes, please explain.

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What kind of people do you work best with (ie. Seniors, children, teens or all types):

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**Background information:**

Have you suffered a recent bereavement or major loss in your life?                      yes     no

If yes please elaborate: \_\_\_\_\_  
\_\_\_\_\_

How do you deal with stress in your life? \_\_\_\_\_  
\_\_\_\_\_

Do you have an emotional support system in place? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_