



Volunteer Application

Personal Information

Name: _____ Date _____

Address: _____

City/State: _____ Zip: _____

Occupation: _____ If Retired, Former Occupation: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Date of Birth: _____

Emergency Contact: _____ Phone: _____

Education and Interests

Education: _____

Professional Training: _____

Hobbies: _____

What community organizations are you currently involve with?

What volunteer experience, including hospice or home care, do you have?

What languages do you speak? _____

Skills:

- | | |
|---------------------------------------|-----------------------|
| ___ Computer | ___ Fund Solicitation |
| ___ Typing | ___ Public Speaking |
| ___ Telephone/Reception | ___ Mailings |
| ___ Statistical Data & Record Keeping | |

I am interested in becoming a:

- Direct care volunteer (with patients and families)
- Indirect volunteer (office related activities)

Transportation
(Yes or no)

I own a car. _____ I have a driver's license. _____ I have auto insurance. _____

Availability

Please mark (X) the day(s) and time(s) you are available or desire to volunteer.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

References

List two non-related people who have known you for at least one year.

Name:	Relation to you:	Phone:
_____	_____	_____
_____	_____	_____

Background

Please tell us why you are interested in volunteering with terminally ill patients and their families?

Have you experienced a significant loss or traumatic event in the past year? If yes, please explain.

What support system do you have to help with stressful circumstances?

Do you have any physical/health limitations or allergies that should be considered when placing you with patients? If yes, please explain.

How did you hear about volunteering with Mission Hospice?

- Newspaper article (which one?) _____
- Newspaper on-line calendar (which one?) _____
- Mission Hospice & Home Care flyer (which location?) _____
- Church monthly newsletter (which one?) _____
- Church Sunday bulletin (which one?) _____
- Mission Hospice & Home Care website _____
- Mission Hospice & Home Care presentation (date?) _____
- Phone directory _____
- Word of mouth (who?) _____
- Other (specify) _____

Applicant's Signature: _____