



Community Engagement & Education Volunteer Application

PERSONAL INFORMATION

Name _____ Month/day of birth _____

Occupation _____ If retired, former occupation _____

Home address _____

City, State, ZIP _____

Home phone _____ Cell phone _____

Work phone _____ Email _____

Emergency contact name and phone number _____

Education _____

Professional training _____

Hobbies and interests _____

Public speaking/leadership positions _____

Skills

Computer Grant writing Typing / data entry

Public speaking Telephone Mailings

Teaching small groups (5-20) Teaching large groups (20+)

Other: _____

What languages do you speak? _____

Do you have a valid driver's license, a car, and current auto insurance? yes no

Have you served in the military? yes no

If yes, which branch? _____

BACKGROUND

What is your volunteer experience?

Please list any other community organizations with which you are currently involved:

Please tell us what interested you in supporting community education events about end-of-life care.

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? Please explain.

Are you interested in a specific area of support?

- Setting up/breaking down events (including films, workshops, etc. – mostly evenings and weekends)
- Public speaking
- Teaching advance care planning workshops

If yes, what is your relevant experience? _____

- Representing Mission Hospice & Home Care at resource fairs (setting up information table, communicating about our key programs, speaking with people of different backgrounds)

REFERENCES

List two references who are not relatives and who have known you for at least a year.

Name _____	Name _____
Relationship _____	Relationship _____
Phone _____	Phone _____

OTHER

How did you hear about volunteering with Mission Hospice & Home Care?

- Newspaper, newsletter, or flier (where?) _____
- Mission Hospice & Home Care email _____
- Online (where?) _____
- Fair or event (which one?) _____
- Word of mouth (who?) _____
- Other (specify) _____

SIGNATURE & SUBMISSION

Signature _____ Date _____

Submit your application to

MAIL Susan Barber, 1670 South Amphlett Blvd., Suite 300, San Mateo, CA 94402

EMAIL sbarber@missionhospice.org