



# Volunteer Application

## PERSONAL INFORMATION

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

### I am interested in becoming a

- Direct care volunteer (with patients and families)
- Indirect care volunteer (support in the office and at events)

Education \_\_\_\_\_

Professional training \_\_\_\_\_

Hobbies and interests \_\_\_\_\_

### Skills

- Computer
- Fund solicitation
- Typing / data entry
- Public speaking
- Telephone/reception
- Mailings
- Statistical data & recordkeeping
- Other: \_\_\_\_\_

What languages do you speak? \_\_\_\_\_

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

Are you a veteran?  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 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? Please explain.

---

---

---

**AVAILABILITY**

When would you like to volunteer?

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

**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?) \_\_\_\_\_

Online (where?) \_\_\_\_\_

Fair or event (which one?) \_\_\_\_\_

Word of mouth (who?) \_\_\_\_\_

Other (specify) \_\_\_\_\_

**SIGNATURE & SUBMISSION**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Submit your application to**

**MAIL** 1670 South Amphlett, Suite 300, San Mateo, CA 94402

**FAX** Attention Craig Schroeder: 650.554.1001

**EMAIL** [cschroeder@missionhospice.org](mailto:cschroeder@missionhospice.org)