



HEART TO HEART HOSPICE

VOLUNTEER APPLICATION

Thank you for your interest in becoming a Heart to Heart Hospice volunteer. This application form was developed specifically for our Hospice program, and therefore some of the questions may seem personal or private. All of this information will be treated confidential, but has in the past proved helpful in making our volunteer assignments.

Patient Support	Administrative	Bereavement	11th Hour	Special Projects/Crafts
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Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____ Birth date (for birthday card list only) _____

Employer: _____ Occupation: _____

Work Phone: (____) _____ Can receive calls at work: Yes No Emergency

Emergency Contact:		
Name: _____	Relationship: _____	Phone: (____) _____

Education/Licensures

Please list your educational background including any educational programs, courses, etc. you have attended.

School(s)/Courses _____

Degrees/Licenses _____

Work Experience

Employer(s)/Position(s)

Volunteer Experience

Organization(s)/Type of Volunteering

Do you have a valid Driver's License?	Yes	No
Do you have a car?	Yes	No
Do you have auto insurance liability coverage?	Yes	No
Are you over the age of 16?	Yes	No

Do you know a language other than English?	Yes	No		
Language _____	Speak		Read	Write
Language _____	Speak		Read	Write

Other Special Services/Licenses/Skills: (manicurist, hairdresser, masseuse, etc.)

How did you hear about our Hospice volunteer program? _____

Why do you want to be a hospice volunteer? _____

Have you experienced the death of someone close to you within the last 12 months? Yes No

If yes, please explain circumstances:

Are there additional comments you would like to share? _____

Time available for volunteer work: (please complete all that apply)

Days _____ Evenings _____ Weekends _____

References: (Name, Relationship & Phone #) References will be contacted by phone. (Two required)

1. _____
2. _____
3. _____

I, _____ authorize Heart to Heart Hospice to contact the references listed above for verification of any personal or professional information that may be needed to place myself within the organization as a volunteer. I understand that a TB screening test is required to become a volunteer and agree to have it administered annually during my volunteer time with Heart to Heart Hospice.

Signature of Applicant

Date

If applicant is under the age of 18, a parent/guardian's permission is required to check references and become a volunteer. Parent/Guardian acknowledges his/her child may be working in a hospice setting where patients reside or are admitted to a facility for palliative management of symptoms associated with a terminal diagnosis.

I understand that a TB screening test is required and give my permission for a TB screening test to be administered to my child annually.

Parent/Guardian Signature: _____ Date: _____