



VOLUNTEER TRAINING PROGRAM Application Form

Name (as shown on driver's license): _____ Date: _____

Preferred Name: _____ DOB: _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Emergency Contact: _____ Relationship: _____

Emergency Contacts Phone Number: _____

Please check the appropriate box for the following:

RELIGIOUS AFFILIATION

Protestant Jewish Catholic None Other (specify) _____

FAMILY

Marital Status

Single Married Separated Divorced Widowed

Number of children _____

Age of children

Preschool School age Adult None

EDUCATION

Some or no high school High school graduate Some college/professional/technical school

College/professional school graduate Post-graduate work

Please specify your field of study _____

Are you currently in school? Full-time Part-time No

Do you plan to return to school? Full-time Part-time No

EMPLOYMENT

Are you employed? Full-time Part-time No

What type of work? _____

Do you plan to work in the near future? Full-time Part-time No Undecided

EXPERIENCE

What type of work have you done in the past? Health Teaching Counseling
 Clerical/administrative Other(specify) _____

Have you done any volunteer work before? No Yes, please specify _____
Do you have experience with groups (i.e. group therapy) _____

SKILLS

Do you know any foreign language(s)? No Yes (specify) _____

What are your special skills and/or hobbies?

- Nursing Cooking Teaching Music Drama
 Counseling Typing Hairdressing Arts & Crafts Other _____
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HEALTH

How would you describe your general health in the past year? Good Fair Poor

Do you have any physical restrictions that might affect your volunteer placement with Hospice (i.e. bad back, hearing or vision problems, etc.)? No Yes (specify) _____

Have you ever had cancer? Yes, in the past Yes, currently in treatment No

PERSONAL EXPERIENCE WITH DEATH

Have you experienced any death in your family or close to you?

- No Yes, please specify your relationship to the person and when they died.

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TRANSPORTATION

Do you drive? Yes No

Do you have a car at your disposal? Yes No Sometimes

AVAILABILITY

How often do you expect to work as a volunteer?

- Once a week Several times a week Once a month
 Several times a month As often as needed
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PLEASE ANSWER THE FOLLOWING QUESTIONS

How did you hear about the Hospice Volunteer Program? -

Why did you decide to volunteer? _____

Have you ever been convicted of a criminal offense other than a traffic violation?

- No Yes, please explain:

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3 REFERENCES (Please do not use immediate family)

Name

Complete Address

Phone

Name	Complete Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
