

# UNITED HOSPICE, INC. VOLUNTEER APPLICATION

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate: \_\_\_\_\_ E-Mail: \_\_\_\_\_

In case of emergency:  
Notify \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## AVAILABILITY

Days \_\_\_\_\_ Evenings \_\_\_\_\_ Weekends \_\_\_\_\_

\_\_\_ To work with patients and families

\_\_\_ To work with families in bereavement

\_\_\_ To do office work

\_\_\_ To answer phones

\_\_\_ To work on fundraisers

\_\_\_ To work on Events Committees

## VOLUNTEER EXPERIENCES

A. Why did you decide to volunteer for hospice?

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B. Please describe current or past volunteer experiences:

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## EXPERIENCES WITH DEATH AND DYING

Have you experienced the deaths of family members or others close to you? If yes, please explain and give dates of deaths.

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Have you had a hospice experience? If yes, please explain.

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**SPECIAL SKILLS**

Nursing     Music     Art     Computer     Teaching     Cooking  
 Reiki or Therapeutic Touch     Animal Care     Other – please explain \_\_\_\_\_

Do you speak a language or languages other than English  Yes or  No  
If so, what language? \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Are you currently employed?  Yes F/T     Yes P/T     No  
Currently in school?  Yes     No

Employer Name and Address

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Current Position

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**MILITARY EXPERIENCE**

Are you a veteran? \_\_\_\_\_ If so, are you a combat veteran? \_\_\_\_\_  
In which war, did you serve? \_\_\_\_\_

**MISCELLANEOUS**

Do you drive? \_\_\_\_\_ Do you have a car available to you? \_\_\_\_\_  
Do you smoke? \_\_\_\_\_ How did you hear about UH? \_\_\_\_\_

Are you a member of the Retired Senior Volunteer Program (RSVP)?  Yes or  No

Do you have any physical restrictions that might affect your volunteer placement such as a bad back, hearing or vision problems, asthma, allergies, etc. ? If yes, please describe

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Have you ever been convicted of a crime?  Yes  No If yes, state nature of offense, when and where. \_\_\_\_\_

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The information I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during interviews, can be justification for refusal of employment, or, if employed, termination from Hospice's employment.

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