



VOLUNTEER APPLICATION

Name: _____ DOB: _____

Address: _____ Phone (h): _____

_____ (w): _____

(c): _____

Email address: _____

Current Employer: _____ May we call you
at work? _____

Volunteer Activities:

Organization

Responsibilities

Dates

Organization	Responsibilities	Dates

Do you have any hobbies, knowledge, experience or professional skills that you feel can be incorporated into your hospice work? Please explain.

What has currently brought you to Hospicare to want to volunteer? _____

Describe any limitations that would be helpful to know when assigning you to volunteer (i.e. bad back, hearing problems, allergies, emotional triggers, etc.) _____

What experiences have you had in your own life with death or other types of loss? _____

Has there been any significant losses in your life in the last year? (if yes, please explain) _____

Have you ever provided care to anyone who was dying? If yes, please explain:

Hospicare asks for 2 –4 hours a week of volunteer time; are you able to commit to this for one year after the training? _____

When are you available to do your work as a volunteer?

_____ Mornings _____ Afternoons _____ Evenings _____ Weekends

Where do you see yourself carrying out your volunteer work? (Please check all that apply):

- _____ The Hospicare Center doing a mealtime shift
- _____ Working with families in their homes providing companionship and/or respite care
- _____ Nursing home visits to hospice patients
- _____ Administrative /Clerical assistance in the office
- _____ Helping out with special events
- _____ Gardening at the Center
- _____ Providing massage weekly to patients
- _____ Playing music for patients
- _____ Weekly, or bi-weekly grocery shopping for the center
- _____ Other (please describe) _____

Please list three people who we may contact as references (please include email if possible):

	Name	Phone	Email address	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

I, _____, give my consent for the release of information regarding me from the references listed above.

Signed

Date

172 East King Road · Ithaca, NY 14850 · T 607.272.0212 · F 607.272.0237