



## VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Phone (h): \_\_\_\_\_

Address: \_\_\_\_\_ (w): \_\_\_\_\_

\_\_\_\_\_ (c): \_\_\_\_\_

Email address: \_\_\_\_\_

Current Employer: \_\_\_\_\_ May we call you  
at work? \_\_\_\_\_

### Volunteer Activities:

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 in Ithaca doing a mealtime shift
- \_\_\_\_\_ Working with families in their homes providing companionship and/or respite care \_\_\_\_\_ in Tompkins County \_\_\_\_\_ in Cortland County
- \_\_\_\_\_ Nursing home visits to hospice patients
- \_\_\_\_\_ Administrative /Clerical assistance in the Ithaca office
- \_\_\_\_\_ Helping out with special events
- \_\_\_\_\_ Gardening at the Hospicare Center in Ithaca
- \_\_\_\_\_ Providing massage to patients, \_\_\_\_\_ in Tompkins County \_\_\_\_\_ in Cortland County
- \_\_\_\_\_ Weekly, or bi-weekly grocery shopping for the Hospicare Center in Ithaca
- \_\_\_\_\_ Make bereavement phone calls
- \_\_\_\_\_ Assist in the bereavement program (office tasks, events, transportation facilitate social groups)

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