



Return to: HospiceCare, 1606 Kanawha Boulevard, West, Charleston, WV 25387-2536

VOLUNTEER APPLICATION

Thank you for your interest in becoming a HospiceCare volunteer. The following information will provide us with information that will help us to best utilize your talents and abilities.

Date: _____

I. GENERAL INFORMATION

Name _____ Date of Birth _____

Address _____

E-mail Address _____

Home Phone _____ Business Phone _____ Cell _____

Employer/Occupation _____

II. EDUCATION (List those items which you believe would be helpful to you in hospice work, i.e. schooling, work, lay experience, office skills, crafts)

Dates _____ Type of experience _____

Dates _____ Type of experience _____

III. PERSONAL INFORMATION

How did you hear about hospice? _____

Why do you wish to be involved with hospice? _____

Have you had experience with the terminally ill? Yes No (If Yes, please explain) _____

Has someone close to you recently died? Yes No (If Yes, please explain) _____

Do you have a valid driver's license? Yes No

Will you have a vehicle available for your volunteer work with hospice? Yes No

Do you have health related or physical limitations? Yes No (If Yes, please explain) _____

IV. RELIGIOUS AFFILIATION

Do you have a particular religious affiliation? ___Yes ___No

If Yes, and if you feel comfortable, please give denomination/affiliation so that we may match you based on the patient's religious requests as appropriate.

V. REFERENCES

Please give the names of three people (other than relatives) we may contact, with your permission, for a personal reference:

1. Name _____ Occupation _____
Address _____
Phone _____ Relationship to applicant _____
E-mail Address _____

2. Name _____ Occupation _____
Address _____
Phone _____ Relationship to applicant _____
E-mail Address _____

3. Name _____ Occupation _____
Address _____
Phone _____ Relationship to applicant _____
E-mail Address _____

VI. EMERGENCY CONTACT INFORMATION

In case of emergency, contact:

Name _____ Relationship _____
Phone Numbers _____

Physician _____ Phone _____

Applicant's Signature

Volunteer Office Use Only:

References sent by _____ on _____ (Date) ___ Email ___ Hard Copy