



VOLUNTEER APPLICATION

(Please Print)

Name of Applicant: _____

Address: _____

City: _____ ZIP: _____

Home Phone: _____ Work Phone: _____

Employer: _____ Occupation: _____

Can you receive phone calls at work? Yes No Emergency Only

Education/Special Training:

Work Experience:

We welcome you to include a copy of your work resume with your Volunteer Application as a way for us to get to know you better and to properly utilize you and your abilities in your Volunteer Service.

Two (2) Personal Referenes (excluding family members).

(1) Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

(2) Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Identified areas of interest:

Patient/Family Care: Patient Visits Personal Care
 Massage Therapy Aroma Therapy Reiki Other Alternative Therapies
 Bereavement Calls Veteran to Veteran Program

Non-Patient Services: Office/Clerical Fundraising Mailings Events Marketing
 Data Entry Courier Admission Packet preperation and assembly

Do you know any other languages other than English? Yes No

Language: _____ Speak Read Write

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Have you ever served in the Military? Yes No **If Yes, What Branch?** _____

Other special services (*Manicurist, hairdresser, masseuse etc*)

Do you have access to transportation? Yes No

How did you hear about Apreva's Hospice Volunteer Program? _____

Why do you want to be a hospice volunteer? _____

What qualities, skills, talents, knowledge, or experiences do you feel you can incorporate into your hospice volunteer work? _____

What are your thoughts and feelings about death? _____

Have you ever been with someone at the time of their death? Yes No

If yes, please describe briefly: _____

Have you ever provided care to anyone who was actively dying? Yes No

If yes, please describe briefly: _____

When thinking of your own death, what words best describe it to you?

I don't think about my own death Sorrowful Natural Frightening Painful

Lonely Joyful Heavy Peaceful Dark

Comments: _____

DECLARATION

As a Volunteer, I realize that which binds the professional in the field in which I work, I, too, assume. I will account for what I do in terms of what is expected of me.

I understand that any information that is disclosed to me while assisting the Hospice is confidential.

Having been accepted as a volunteer worker, I expect to do my work according to the standards set forth in the Volunteer Policies and Procedures.

I hereby certify that the statement made on this application are true and correct to the best of my knowledge. I understand that, by submitting this application, I authorize inquiries to be made concerning my employment, character, and public records for the purpose of determining my suitability as a volunteer. I affirm that I have read the Volunteer Code of Ethics and agree and abide by its regulations. I agree to respect the confidentiality of any client information I acquire in the course of my volunteer activities with APREVA HOSPICE.

Applicant Signature

Date