



## Volunteer/Intern Application Form

**Please print**

Name..... Birth date (for birthday card).....

Address..... City/State/Zip.....

Telephone..... Alt. telephone.....

Email.....

Employer..... Occupation.....

Can receive calls at work:  Yes  No  Emergency Only

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**Person to notify in an emergency:**

Name.....

Address..... City/State/Zip.....

Telephone.....

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Education/Special Training: .....

Work Experience .....

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Two personal references (*excluding family members*) please provide a complete address, as references are verified by mail.

Name: ..... Phone .....

Address.....

City..... State/Zip .....

Email: .....

Name: ..... Phone .....

Address.....

City..... State/Zip .....

Email: .....

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**Identified Areas of Interest:** *(non-patient does not require 30 hour education course)*

Patient/Family Care

- In Home    In Nursing Home    In Facility    Transportation  
 Personal Care    Meal Delivery    Alternative Therapies

Bereavement

- Caller    Home Visits    Support Group Co-Facilitator    Transportation  
 Office/Clerical    Memorial Service Committee

Non-Patient Services

- Clerical    Fundraising    Mailings    Events    Marketing  
 Courier    Switchboard    Data Entry

Do you know a language other than English:  Yes    No

Language: ..... Speak/Read/Write

Other special services: (manicurist, hairdresser, masseuse, etc.)

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Do you have access to transportation?  Yes    No

How did you hear about our hospice volunteer program?

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Why do you want to become a volunteer? .....

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What qualities (skills, talents, knowledge, and experiences) do you feel you can incorporate into your hospice volunteer work? .....

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**Death and Dying**

What are your thoughts and feelings about death? ..

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

If yes, please describe briefly:.....  
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Have you ever provided care to anyone who was dying?  Yes  No (If yes please explain).....

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

I do not think about my own death  sorrowful  natural  frightening  painful  lonely

joyful  heavy  peaceful  dark

Other .....

Comments: .....

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**Code of Ethics for Volunteers**

As a volunteer, I realize that I am subject to a code of ethics similar to that which binds the professional in the field in which I work. I, like them, assume certain responsibilities and expect to 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.

I interpret "volunteer" to mean that I have agreed to work without compensation in money but having been accepted as a volunteer worker, I expect to do my work according to standards set forth in the Volunteer Policies and Procedures.

**Declaration**

I hereby certify that statements made on this application, I authorize inquiries to be made concerning my employment and character for the purpose of determining my suitability as a volunteer. I affirm to have read the Code of Ethics for Volunteer and agree to abide by its regulations. I agree to respect the confidentiality of any client information I may acquire in the course of my volunteer activities

.....  
(Signature/Volunteer) (Date)

