

HOME PHONE

CELL PHONE

WORK PHONE

E-MAIL

FAMILY PHYSICIAN: _____

PHYSICIAN PHONE #: _____

Volunteer History

Organization: _____ From ____ \ ____ To ____ \ ____

Description of Role/Duties: _____

Organization: _____ From ____ \ ____ To ____ \ ____

Description of Role/Duties: _____

Employment History

Name of Employer: _____ From ____ \ ____ To ____ \ ____

Position/Description of Duties: _____

Name of Employer: _____ From ____ \ ____ To ____ \ ____

Position/Description of Duties: _____

Name of Employer: _____ From ____ \ ____ To ____ \ ____

Position/Description of Duties: _____

Areas of Interest

Please identify the areas of service that interest you (check all that apply):

Family Community Support

Taylor Hospice Residence/Inpatient Unit

Office Support

Nursing Home Resident Support

Special Events

Other: _____

Group Training Program

Skills and Abilities

Please identify skills, abilities and knowledge that may be applicable to the volunteer position desired.

Computer Skills

Database Management

Publishing Software

Website Design

Other: _____

Office Skills

Copier

Telephone

Fax

Other: _____

Additional Skills

Photography

Hobbies/Crafts

Artistic Ability

Other: _____

Availability

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	to	to	to	to	to	to	to
Afternoon	to	to	to	to	to	to	to
Evening	to	to	to	to	to	to	to

Volunteer Questionnaire

1. How did you learn about Taylor Hospice? _____

2. Describe your past experiences with volunteering: _____

3. Why do you want to become a hospice volunteer? _____

4. What are your experiences with death and grief? What is your personal philosophy about death and grief? _____

5. If you were told that you only had six months to live, what would you do? _____

6. What qualities do feel you would bring to our Volunteer team? _____

7. Foreign languages are needed from time to time. Do you speak any foreign languages?

_____ NO _____ YES, _____

8. Are you able to read any foreign languages?

_____ NO _____ YES, _____

References

Please provide the name, complete address and phone number of two professional or personal references who are not related to you:

Name: _____ Relationship: _____

Address: _____ Phone #: _____

Name: _____ Relationship: _____

Address: _____ Phone #: _____

Conditions of Service

Please read the following conditions of volunteering:

I certify that the statements made in this application are true and correct to the best of my knowledge. Permission is hereby granted to obtain references. I authorize the references listed above to be contacted via telephone. This inquiry includes information regarding my character, general reputation, and personal characteristics.

All volunteer applicants are required to successfully complete an interview, reference checks, criminal background checks, health screening, and PPD.

Signature

Date