

JHC Hospice
646 Salisbury Street
Worcester, MA 01609
508-713-0564 tel
508-713-0554 fax

HOSPICE VOLUNTEER APPLICATION

Today's Date: _____ DOB – requesting only Month _____ Day _____

Contact Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Occupation: _____ Email: _____

Person to contact in case of emergency:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Do you speak a foreign language(s)? Yes _____ No _____

If so what language(s) do you speak? _____

_____ Fluent _____ Minimal _____

List any Special Skills/Certifications/Training (i.e. Massage Therapist, Reiki Practitioner, Pet Therapy, Talents in Art and/ or Music, Photography, Public Speaking, Writing Life Reviews

References: (other than family members)

1.) Name: _____ Telephone: _____

Mailing Address: _____ e-mail: _____

2.) Name: _____ Telephone: _____

Mailing Address: _____ email: _____

Have you experienced a significant loss (i.e. death of a loved one, divorce, job loss, or other) within the past year Yes _____ No _____

What are you hoping this experience will bring to your life? _____

Have you volunteered before and if so what did you like about it? _____

What did you not like about it and why did you leave? _____

Would you be comfortable with sitting bedside for a non verbal patient? _____

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

Do you have a car? Yes _____ No _____

Are you willing to travel up to a 30 minute distance from your home? Yes _____ No _____

How often would you be able to give at least an hour of your day to serve as a Hospice Volunteer

_____ X per week

Please place a check mark in the boxes that indicate when you would be available to work as a hospice volunteer:

	Morning	Afternoon	Evening	Night
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Areas of volunteering in which you are interested
(please check all that apply)

- ___ Running errands for patient/family
- ___ Sitting with patient/family at time of death
- ___ Helping patient/family with paperwork
- ___ Providing bereavement follow-up phone calls
- ___ Providing bereavement visits
- ___ Participating in Hospice Memorial Services
- ___ Speak at training/workshops/In-services
- ___ Friendly visits to provide companionship to patients/family

Extra likes for possible sharing:

- | | |
|---|---|
| <input type="checkbox"/> Computer | <input type="checkbox"/> Painting or Crafts |
| <input type="checkbox"/> Handyman/repairs | <input type="checkbox"/> Letter Writing |
| <input type="checkbox"/> Sports interests | <input type="checkbox"/> Love of Animals |
| <input type="checkbox"/> Vocal/singing | <input type="checkbox"/> Creating |
| <input type="checkbox"/> Instrumental playing | <input type="checkbox"/> Scrapbooks |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Needlepoint, Knitting etc. |
| <input type="checkbox"/> Flower arranging | <input type="checkbox"/> Chess or Card Games |

Please add any additional information about yourself that you feel might be helpful: _____

Declaration: I hereby certify that the statements made on this application are true and correct to the best of my knowledge.

Volunteer Applicant's

Signature: _____ Date: _____