

VOLUNTEER APPLICATION

Thank you for your interest in becoming a volunteer for Carroll Hospice. The following information will provide us with a clear understanding of your abilities and interests and will help us to best channel your energies and capabilities. Some of the questions may be personal and private; these will be kept confidential. This information has proven most helpful in making volunteer assignments.

Please print

Name of Applicant _____ Email address _____

Address (Street, City, Zip) _____

Home Phone _____ Cell Phone _____

Employer _____ Occupation _____

Person to be notified in an emergency:

Name _____ Phone _____

Address (Street, City, Zip) _____

List any education/special training acquired which you believe could be helpful to you in your volunteer role. For example: courses taken, certifications, on-the-job experience, skills.

Have you done any volunteer work? If so, for what organization and what duties?

Do you belong to any service or social clubs?

Have you served in the military? Yes No **Family members served?** Yes No

Branch? _____

Areas of Interest: (Non-patient does not require the Direct Care Volunteer Training, but online learning & orientation required)

Check all that apply

Patient/Family Care

- Home Inpatient Unit (Dove House) Facility (AL/Nursing Home) Doula

Bereavement

- Phone Calls Support Group Co-Facilitator

Professional

- Massage Pet Therapy (Training required unless in Pet Therapy program) Music Therapy
 Reiki Hairstylist (Haircuts only) Manicurist Art Therapy

Non-patient Services

- Fundraising Reception/Greeter Special Projects/Events Clerical
 Mailings Errands Home services (gardening, yard work, snow removal)

Two Personal References (excluding family members). Please provide a complete address, as references are verified by mail.

Name _____

Street Address _____

City, State, Zip Code _____

Name _____

Street Address _____

City, State, Zip Code _____

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

Would transportation be available to you for volunteer work? Yes No

Do you have any health related problems or limitations? Yes No

If yes, please explain: _____

Do you know another language other than English? Yes No

How did you hear about hospice?

Why do you want to be a hospice volunteer?

Have you had any experience with the terminally ill? Yes No

If yes, please explain: _____

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 Spiritual Other: _____

Has someone close to you recently died? (It is recommended to wait a year following a significant loss) Yes No

If yes, what was your relationship? How long ago? _____

What are your thoughts and feelings about death? How have you dealt with your own personal loss (relative, friend, pet)? Explain:
