



29826 Haun Road, Suite 108, Sun City, CA 92586
 Phone: 951.679.8872 FAX: 951.679.7882

Thank you for your interest in becoming a hospice volunteer. Please complete both sides of this application and return it to the address listed.

Name (Last, First, MI)	Are you over 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	DOB (Month/Day)
Address:	Home Phone:	
City, St, Zip:	Cell/Pager:	
Employer:	Work Phone:	
Occupation:	Working Hours:	
Email Address:		
Briefly describe the type of work you do:		
Total number of hours per week you could be available for hospice volunteering: <input type="checkbox"/> Daytime: _____ <input type="checkbox"/> Evenings _____ <input type="checkbox"/> Weekends _____ <input type="checkbox"/> Other: _____		
Level of Education: <input type="checkbox"/> High School <input type="checkbox"/> 2 Year College <input type="checkbox"/> 4 Year College <input type="checkbox"/> Post Graduate		
Foreign languages spoken:		

RELIGIOUS AFFILIATION (optional -- this assists us in proper placement of our volunteers. We serve patients regardless of religious affiliation)

Catholic Protestant Jewish None Other: _____

PERSONAL INFORMATION

How did you hear about us?

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Why do you wish to be involved in hospice?

What organizations or clubs do you belong to?

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

Has someone close to you died within the past year? Yes No

VOLUNTEER APPLICATION

What do you like about yourself?

	Yes	No
Do you have available transportation for your volunteer work?		
Do you have a valid California driver's license		
Do you have automobile liability insurance? (Auto insurance is required if you use your car for hospice work)		

List experiences you believe would be helpful to you in hospice volunteering, i.e., schooling, work, volunteer experience, office skills, arts and crafts, etc.

Date	Type of Experience

AREAS OF INTEREST: (Please check areas of interest)

Direct:

- | | | |
|-------------------------------------------------------|-------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Patient and/or family visits | <input type="checkbox"/> Meal preparation | <input type="checkbox"/> Shopping/run errands |
| <input type="checkbox"/> Relieve primary caregiver | <input type="checkbox"/> Read to patient | <input type="checkbox"/> Homemaking chores |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Write letters | <input type="checkbox"/> Child care |
| | | <input type="checkbox"/> Bereavement follow-up |

Indirect:

- | | | |
|--------------------------------------------|----------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Speakers bureau | <input type="checkbox"/> Sewing/crafts | <input type="checkbox"/> Computer work |
| <input type="checkbox"/> Office assistance | <input type="checkbox"/> Videotaping | <input type="checkbox"/> Music or entertaining |
| <input type="checkbox"/> Mass mailings | <input type="checkbox"/> Photography | <input type="checkbox"/> Host/hostess for hospice events |

PERSONAL REFERENCES:

Name	Relationship	Phone

Applicant Signature:	Date:
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