
HOSPICE SERVICES

of Massachusetts

VOLUNTEER APPLICATION

Thank you for your interest in becoming a Hospice Volunteer. The following information will provide us with a better understanding of your abilities and interests and will help us to best channel your energies and capabilities.

Last Name First Name MI Phone

Street Address City State Zip code Alternate Phone

Email Address Date of Birth (Optional, but helpful)

Are you currently employed? () Yes, full time () Yes, part time () No

Employer _____ Job title _____

Person to contact in case of an emergency: Name _____

Address _____

Phone no. _____

Relationship _____

How did you hear about Hospice Services of Massachusetts? _____

Have you done volunteer work in the past? () yes () no

If yes, please briefly describe _____

Have you ever experienced any deaths in your own family or of those close to you?

() yes () no

Please describe your relationship to the person(s) and when they died: _____

Have you experienced a significant loss (i.e. death of a loved one, divorce, job loss, or other) within the past two years? () yes () no

If yes, please describe how you think this would or would not impact on your work as a hospice volunteer. _____

Do you drive? () yes () no

Do you have a car? () yes () no

How often would you like to work as a volunteer?

Once a _____ week _____ month Several times a _____ week _____ month

Please place a check mark in the boxes that indicate times 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)

- | | | |
|--|--|---|
| <input type="checkbox"/> Friendly visits to patient / family | <input type="checkbox"/> Assist at educational events | |
| <input type="checkbox"/> Accompany patient / family on outings | <input type="checkbox"/> Shopping for patient / family | |
| <input type="checkbox"/> Running errands for patient / family | <input type="checkbox"/> Reading to patient / family | |
| <input type="checkbox"/> Sitting with patient / family at the time of death | <input type="checkbox"/> Letter writing for patient | |
| <input type="checkbox"/> Helping patient / family with paperwork | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Providing bereavement follow-up phone calls | | |
| <input type="checkbox"/> Providing bereavement visits to family members | | |
| <input type="checkbox"/> Participating in Hospice Memorial Services | | |
| <input type="checkbox"/> Speaking at trainings / workshops / in-services | | |
| <input type="checkbox"/> Assisting with office / administrative work, including: | | |
| <input type="checkbox"/> Photocopying | <input type="checkbox"/> Filing | <input type="checkbox"/> Bulk Mailings |
| <input type="checkbox"/> Telephoning | <input type="checkbox"/> Collating | <input type="checkbox"/> Record keeping |
| <input type="checkbox"/> Chart assembly | <input type="checkbox"/> Typing | <input type="checkbox"/> Data entry |

SKILLS AND ACTIVITIES CHECKLIST

(Please check all that apply)

Computer skills:

Windows for IBM compatible computers

Microsoft Word

Power Point - other graphics programs

Microsoft Excel

Databases _____

Other _____

Please list other Special services (hairstylist, manicurist, masseuse, etc.) _____

Do you know any language other than English:

Language 2: _____ Speak Read Write

Language 3: _____ Speak Read Write

Knowledge / Interests /Activities

Handyman / Repairs

Calligraphy

Vocal / Singing

Instrument _____

Gardening

Photography

Flower arranging

Sewing

Crafts

Bingo

Tennis

Baking

Collecting

Tax preparation

Carpentry

Knitting

Chess

Fishing

Card games

Pets

Painting

Writing

Golf

Scrapbooks

Needlepoint

Reading

Other activity interests: _____

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 Signature

Date