

**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:

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

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date