



VOLUNTEER APPLICATION

Name _____ Date _____

Address _____ City _____ Zip _____

Phone (hm) _____ (wrk) _____ (cell) _____

E-mail Address _____ Date of Birth _____
(mo/day/yr)

Driver's License# _____

Spouse _____ Number of Children _____ Ages _____

Contact in case of an emergency call _____ Phone _____

Education, training, special skills _____

Are you currently employed? ___ No ___ Yes Where? _____

Former employment & other work experiences _____

Previous / current volunteer experience _____

Hobbies, special interests _____

Additional languages you can speak _____

Who or what prompted you to volunteer? _____

The information requested on this application is optional; however, please know that these personal details are an important source by which we can keep records, utilize your talents and match you to our patients and their families.

Completed forms are vital to our success as we strive to provide the best of care to those individuals on the Hospice program.

IF YOU ARE CONSIDERING PATIENT COMPANIONING Please answer the following:

Distance you are willing to travel _____ Comments _____

Are you willing to be around smoking? ____ yes ____ no

Comments _____

Are you willing to be around animals? ____ yes ____ no

Comments _____

Are you willing to take AIDS patients? ____ yes ____ no

Comments _____

Are you willing to visit patients in Nursing Facilities? ____ yes ____ no

From the list below, please CIRCLE, in order of preference, the top three volunteer opportunities in which you are interested:

Patient / Family Companion, Special Projects (includes Prayer Shawl Ministry), Bereavement Support, Administrative Support (includes clerical), Handy Man Core, Note Card Painting, Speakers Bureau, Fundraising.

If possible at this time, please check all appropriate days and times you might be available:

DAY MORNING AFTERNOON EVENING NIGHT

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

I understand that as a Hospice Volunteer I will be required to complete a health history form, provide references, consent to a Criminal History Check, be tested for TB, and show proof of Auto Liability Insurance. I agree that Hospice of South Texas and its employees and/or officers shall not be held responsible for any accident or illness I may incur while volunteering. I understand that the personal information requested here is given as my option.

Signature

Date

Hospice Volunteers - Helping Make Each Day Count