

## Hospice Volunteer Application

### Personal Information

<b>Name</b>	
<b>Street Address</b>	
<b>City, State, Zip Code</b>	
<b>Phone</b>	
<b>Email Address</b>	
<b>Birthdate (MM/DD/YYYY)</b>	
<b>Are you a Veteran? If yes, which branch did you serve in?</b>	
<b>What is the best way to contact you? Select all that apply</b>	<input type="checkbox"/> <b>Call</b> <input type="checkbox"/> <b>Text</b> <input type="checkbox"/> <b>Email</b>

### Emergency Contact Information

<b>Name</b>	
<b>Phone</b>	
<b>Email Address</b>	
<b>Contact Relationship</b>	

### Education

<b>School(s) Attended</b>	<b>Degree(s)</b>	<b>Major/Area of Study</b>

## Employment

Current Employment Status	<input type="checkbox"/> Not Employed <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Retired (list prior occupation below)
Occupation	
Employer	
Street Address	
City, State, Zip Code	
Phone	

## Accommodations

Are there any reasonable accommodations that we need to be aware of for you to volunteer?	
Do you have any medical conditions that may impact your scope of services as a volunteer (e.g., vision or hearing concerns, allergies, back problems, heart trouble, etc.)? If yes, please explain.	

## Availability

Please indicate the day(s) and time(s) you are available to volunteer.						
For example: Mondays 3 p.m.- 7 p.m., Fridays 9 a.m. - 1 p.m., etc.						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
How many miles are you willing to drive one way?	I am willing to volunteer at areas within _____ miles of my home.					

## Pet Therapy

Please answer the following questions <b>ONLY</b> if you are applying to be a pet therapy volunteer.	
What species and breed is your pet?	
How old is your pet?	
Do you possess a license from a certified therapy program, such as the Delta Society, Therapy Dogs International or Alliance of Therapy Dogs?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Please submit a copy of the license with this application)
Do you have General Liability Insurance for your pet?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Please submit a copy of the insurance with this application)
Is your pet up to date on all vaccinations?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Please submit a copy of your dog's health record with this application)

## Interests and Skills

Sometimes a patient's living time can be made more enjoyable by people sharing special hobbies, interests or skills with them. Please list special hobbies, interests or skills you might be interested in sharing. This may include sewing, knitting, collecting stamps, fishing, watching movies, singing, speaking Spanish, etc.

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**Volunteers are a vital part of our hospice care team, and we will do our best to honor your time and commitment.**

**Thank you for completing the Hospice Volunteer Application.**

*I certify that all information provided by me on this application is truthful and complete to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_