

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 _____ Middle Initial _____

Phone # _____ Cell Phone # _____

Email address _____

Street Address _____

City State Zip _____ Date of Birth _____

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

Employer: _____ Job Title _____

Emergency Contact _____

Relationship _____

How did you hear about Good Shepherd Community Care? _____

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

If Yes, please describe your relationship to the person(s) and when they died: _____

Have you experienced a significant loss within the past two years? (i.e. death of a loved one, divorce, job loss, or other) 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.)

- Friendly visits to patient / family
- Speaking at trainings / workshops / in-services
- Accompany patient / family on outings
- Shopping for patient / family
- Running errands for patient / family
- Reading to patient / family
- Sitting with patient/family
- Letter writing for patient
- Helping patient / family with paperwork Assist at educational events
- Providing bereavement follow-up phone calls
- Providing bereavement visits to family
- Participating in Hospice Memorial Services Other (specify)
- Assisting with office / administrative work, including:
 - Photocopying Filing Bulk Mailings
 - Telephoning Collating Record keeping
 - Chart assembly Typing Data entry

SKILLS AND ACTIVITIES CHECKLIST (Please check all that apply.)

Computer skills:

- Windows for IBM compatible computers _____
- Microsoft Excel _____
- Microsoft Word Databases _____
- Power Point - other graphics programs Other _____

Languages:

- Language: _____ Speak ___ Write ___ Translate
- Language: _____ Speak ___ Write ___ Translate

Knowledge / Interests /Activities

Page 3 of 3
Statement of Interest

Briefly describe your reasons for wanting to become a hospice volunteer. Please include what you hope to gain from your experiences.

Please describe any time(s) you have spend with someone who was sick or dying.

How do you think your beliefs, philosophies, and values relate to hospice work?

Please share your thoughts on what it might be like for you to work with clients who have different beliefs, philosophies or values.

Please add any additional information about yourself that you feel might be helpful:

Volunteer Signature

Date