



VOLUNTEER APPLICATION

Thank you for your interest in becoming a hospice volunteer. Please complete both pages of this application and return it to: Skirball Hospice, Volunteer Coordinator, 6345 Balboa Blvd., Suite 213, Encino, CA 91316 or fax to (818) 774-3089.

Name (Last, First, MI)	Are you over 18 years old? Yes No	Birthday (Mo/Day)
Address	Home Phone #	
City, State, Zip Code	Pager/Cell Phone #	
Employer	Work Phone #	
Occupation	Working Hours:	
Brief describe the type of work you do:		
Total number of hours per week you could be available for hospice volunteering: Daytime_____ Evenings_____ Weekends_____ Other_____		
Level of Education: High School 2 Yr College 4 Yr College Post graduate		

Foreign languages spoken: _____

Religious Affiliation:

(Optional—this assists us in proper placement of our volunteers. We serve patients regardless of religious affiliation).

Catholic Protestant Jewish None Other_____

Personal Information:

How did you hear about us? _____

Why do you wish to be involved in hospice?

What organizations or clubs do you belong to?

Yes No Have you had experience with the terminally ill?

Yes No Has someone close to you died within the past year?

What do you like about yourself?

Yes No Do you have available transportation for your volunteer work?

Yes No Do you have a valid California driver's license

Yes No Do you have automobile liability insurance?
(Auto insurance is required if you use your car for hospice work)

Yes No Have you been convicted of a felony within the last 7 years?
(Conviction will not necessarily disqualify you from volunteering.)

List experiences you believe would be helpful to you in hospice volunteering, i.e., schooling, work, volunteer experience, office skills, arts and crafts, etc.

Date	Type of Experience

Areas of Interest: (please check areas of interest)

Direct:

Patient and/or family visits
Relieve primary caregiver
Transportation

Meal preparation
Read to patient
Write letters

Shopping/run errands
Homemaking chores
Child care
Bereavement follow-up

Indirect:

Speakers bureau
Office assistance
Mass mailings

Sewing/crafts
Videotaping
Photography

Computer work
Music or entertaining
Host/hostess for hospice events

Personal References: (with phone numbers)

1. _____
2. _____

In Case of Emergency:

Name: _____ Relationship _____
Home Phone: (_____) _____ Work Phone: (_____) _____ Ext. _____
Physician: _____ Office Phone:(_____) _____

APPLICANT SIGNATURE: _____ **DATE:** _____