



Office: _____

Phone: _____

HOSPICE VOLUNTEER APPLICATION

Mail completed application to:

SECU CCHH

Attn: Volunteer Coordinator

100 Big Rock Weigh

Newport, NC 28570

The following information will help us to better understand your skills and interests and will assist us in making our volunteer assignments.

Date of Application: ____/____/____

Name: _____ Drivers License #: _____ SS#: _____
(Last, First, Middle Initial)

Present Address: _____ How Long? _____
(Street, City, State, Zip)

Telephone Number: (Home): _____ (Work): _____

Previous Address: _____ How Long? _____
(Street, City, State, Zip)

Employer: _____ Occupation: _____

Name of Supervisor: _____ Employer's Phone #: _____

Working Hours: _____

Briefly Describe Type of Work You Do: _____

Time during the week you will be available for hospice training: _____

Total number of hours and time per week you would be available for hospice volunteering: _____

Daytime Evenings Weekends Other: _____

List those items which you believe could be helpful to you in hospice, i.e.: schooling, work, lay experience, office skills, arts and crafts.

How did you hear about Hospice? _____

Why do you wish to be involved in Hospice? _____

Have you done any volunteer work? If so, please specify: _____

What service or social clubs do you belong to? _____

Have you had experience with terminally ill? Yes No If yes, explain: _____

Has someone close to you recently died? Yes No If yes, explain: _____

Do you speak any foreign language(s)? Yes No

If yes, specify language(s): _____

Do you have health related problems or physical limitations? Yes No

If yes, explain: _____

What do you like about yourself? _____

Please check areas of interest:

Patient/Family Services:

- Relieve Primary Caregiver
- Meal Preparation
- Write Letters
- Homemaking Chores
- Shopping
- Bathing, Dressing
- Feeding
- Bereavement
- Home Repair and Other Services

Other Interests:

- Hospice Office Work
- Fundraising
- Hostess for Hospice Gatherings
- Publicity
- SECU CCHH Meal Delivery

Please list other areas of interest in which you are skilled: _____

Have you ever been convicted of a crime or felony? Yes No if Yes, explain: _____

Please list two personal references: (should not include relatives, prefer clergy or former employers)

Name	Address	Phone Number
1. _____	_____	_____
2. _____	_____	_____

In Case of Emergency Contact: _____

Relationship: _____ Telephone Number: _____

CERTIFICATION
(Please read before signing)

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal and otherwise, the investigation of any criminal records, and release all parties from all liability for any damage that may result from furnishing same to you.

Date: ___/___/___ Signature: _____