



Hospice Ministries, Inc.  
Volunteer Program Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Is it ok to call you at work? Y N

Person to notify in an emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

*The questions in this box are optional:*

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Faith Congregation/Religion: \_\_\_\_\_

Marital Status: \_\_\_Married \_\_\_Divorced \_\_\_Widowed \_\_\_Single \_\_\_Separated

Do you have children at Home: Y N

**Education:**

\_\_\_\_\_ High School graduate

\_\_\_\_\_ Some college/professional or technical training

\_\_\_\_\_ College

\_\_\_\_\_ Masters or postgraduate work

\_\_\_\_\_ Specify your field of study

**Employment:** Current employed: \_\_\_\_\_ Full-time; \_\_\_\_\_ Part-time; \_\_\_\_\_ Unemployed; \_\_\_\_\_ Retired

Type of work: \_\_\_\_\_

Work Experience: \_\_\_\_\_

Have you ever done volunteer work before? Y N If so, please specify the type(s) and time committed.

Please list your special skills and hobbies: \_\_\_\_\_

Please list your special interests and special training: \_\_\_\_\_

How did you hear about Hospice Ministries? \_\_\_\_\_

In what area would you be interested in volunteering, you can pick more than one.

\_\_\_\_\_ Patient Care

\_\_\_\_\_ Fund Raising

\_\_\_\_\_ Chaplain Volunteer\*

\_\_\_\_\_ Administrative Staff Support

\_\_\_\_\_ Bereavement Support\*

\* Requires more training.

**Health:**

Do you have any physical restrictions that might affect your volunteer placement such as a bad back, hearing, or vision problems? Y N If so, please describe: \_\_\_\_\_

Have you or a member of your family been diagnosed with cancer or any other major illness (i.e diabetes, high blood pressure etc.)? Y N

If so, are you currently receiving treatment? Y N

**Personal Experience:**

Have you experienced any deaths in your family or anyone close to you recently? Y N

Please tell us your relationship and when they died: \_\_\_\_\_

**Transportation:**

Do you have a current driver's license? Y N Do you have a vehicle at your disposal? Y N

**Availability:**

How often would you be willing to participate as a volunteer? \_\_\_\_\_ Once a week  
\_\_\_\_\_ Once a month  
\_\_\_\_\_ Several times a week  
\_\_\_\_\_ Several time a month

Why did you decide to volunteer with Hospice Ministries? \_\_\_\_\_

*Please list two references we may contact: Please fill out the entire address. Please print:*

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

*Please describe below any information you think is important regarding your volunteer service.*