

VOLUNTEER APPLICATION

Applicant Name _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-mail Address: _____

Employer: _____ Occupation: _____

Can You Receive Calls at Work?: Yes No Emergency Only

PERSON TO BE NOTIFIED IN AN EMERGENCY

Name _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

EDUCATION/SPECIAL TRAINING

WORK EXPERIENCE

TWO PERSONAL REFERENCES: (excluding family members). Please provide a complete address, as references are verified by mail.

Name _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Name _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Do you know a language other than English?: Yes No

Language _____ Speak Read Write

Language _____ Speak Read Write

Other special services: (i.e. manicurist, hairdresser, massage therapy, etc.)

Do you have access to reliable transportation? Yes No

How did you hear about our Hospice Volunteer Program?

Why do you want to be a hospice volunteer?

What qualities (i.e. skills, talents, knowledge and experiences) do you feel you can incorporate into your hospice volunteer work?

DEATH AND DYING

What are your thoughts and feelings about death?

Have you ever been with someone at the time of their death? Yes No

If yes, please describe briefly:

Have you ever provided care to anyone who was dying? Yes No (If yes, please explain)

When thinking of your own death, what words best describe death to you?

I do not think about my own death sorrowful natural frightening painful

Lonely joyful heavy peaceful dark

Other: _____

Comments:

Volunteer Signature

Date

Please fax or mail the completed application, **to the attention of the Volunteer Coordinator**, at the appropriate office listed below.

Tucson Metro Office
1860 E. River Rd. Suite 200
Tucson, Arizona 85718
Phone: 520-615-3996
Fax: 520-615-3998

Green Valley Office
1131 S. La Canada Dr., Suite 103
Green Valley, Arizona 85614
Phone: 520-399-0200
Fax: 520-399-3036

Sierra Vista Office
2039 E. Wilcox, Suite B
Sierra Vista, Arizona 85635
Phone: 520-458-9450
Fax: 520-458-9455