



Volunteer Application

In compliance with Federal and State Equal Employment Opportunity laws, qualified applicants are considered for all positions/assignments without regard to race, color, religion, sex, national origin, age, or marital status.

Name: _____ Date: _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Can you receive calls at work: Yes No Emergency Only Work Phone: _____

Please circle the best number to reach you at.

Email: _____ I **would / would not** like to receive email communication.

Where did you hear about Sangre de Cristo Hospice volunteer opportunities? (Please be as specific as you can.)

Church _____ Friend _____ Radio/TV _____

Newspaper _____ Other _____

Please tell us why you want to be a hospice volunteer: _____

EXPERIENCE

Work Experience:

Current Occupation _____ Employer _____

Work Schedule _____

Previous Occupation _____ Employer _____

Work Schedule _____

Volunteer Additional Data Form

Thank you for your interest in the Sangre de Cristo Hospice & Palliative Care Volunteer Program. This data sheet has been specifically designed for the hospice program and contains questions that may seem unduly personal and/or private. This information however, has proven to be most helpful in making our volunteer assignments. The response to any of the questions on this data form is optional to the applicant.

Name: _____ Birthday: Month _____ Day _____

Marital Status: _____ Name of Spouse/Significant Other: _____

Name and age of Children: _____

Person to be notified in an emergency:

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Religious Affiliation: _____

Has someone close to you died recently (within the past 12 months)? Yes No

If yes, what was your relationship to this person? _____

Have you experienced major changes in your life recently? (i.e. divorce, separation, career or job change) Yes No

Please elaborate: _____

Do you have access to an automobile? Yes No

Do you have a valid Driver's License? Yes No

Do you know a language other than English? Yes No

Language _____ Speak Read Write

Do you have any physical restrictions that might affect your volunteer work with Hospice (i.e. bad back, hearing or visual problem, etc.)? If yes, please describe: _____

Volunteer Experience: When? _____ Where? _____
Description of work: _____

HOBBIES, INTERESTS AND SKILLS

(Arts, Crafts, Music, Office Skills, Foreign Language, Etc.) _____

How do you “unwind” after a stressful day? _____

VOLUNTEERING

Is there a specific type of volunteer work in which you are interested? Please check all that apply.

Working directly with patients/families

- In the home
- In extended care facilities

Additional categories to Patient/Family Care

- Spiritual Care
- Bereavement Support
- Complimentary Therapies

Office & General Support

- Clerical
- Data entry
- Fundraising
- Mailings
- Special Events

No Preference

Other _____ If there are any groups or situations where you may feel uncomfortable, please elaborate: _____

At what times are you interested in volunteering?

- I am flexible
- Weekdays
- Evenings
- Weekends

These are times I **cannot** volunteer: _____

Do you have an aversion to being assigned to homes with **smokers**? Yes No **Pets?** Yes No

PERSONAL REFERENCES

1. Name: _____ Phone: _____

Address: _____ City _____ State _____ Zip _____

2. Name: _____ Phone: _____

Address: _____ City _____ State _____ Zip _____

Signature of Applicant Date: _____

Signature of Director of Volunteer Services Date: _____