

SPIRIT MOUNTAIN HOSPICE HOUSE

VOLUNTEER APPLICATION

Thank you for your interest in serving as a Spirit Mountain Hospice Volunteer.

Volunteers are a very important part of the Hospice program. It is for that reason that volunteers are carefully selected. We hope that you do not find this application form to be too personal or intrusive. If you are uncomfortable answering any of these questions, please contact the Home Health/ Hospice office at 307-578-2413 to speak with a member of the staff or the volunteer coordinator.

GENERAL INFORMATION

NAME: _____

ADDRESS (for mailing): _____

Telephone: Home/Work: _____ Cell: _____

Employer, if applicable: _____

Email address: _____

EDUCATION / EMPLOYMENT

HIGH SCHOOL: _____ City/State: _____ Graduation _____

COLLEGE: _____ City/State: _____ Degree: _____

TECHNICAL/OTHER: _____ City/State: _____ Degree: _____

RELATED TRAINING/EXPERIENCE, SPECIAL INTERESTS, SKILLS, HOBBIES:

PREVIOUS EMPLOYMENT
EMPLOYER

POSITION/JOB

DATE(s) of
EMPLOYMENT

HAVE YOU EVER SERVED AS A VOLUNTEER? YES NO

IF YES, PLEASE DESCRIBE:

VOLUNTEER AGENCY

NATURE OF WORK

DATE (s)

AVAILABILITY

NUMBER OF HOURS PER WEEK TO WHICH YOU CAN COMFORTABLY COMMIT AS A WEST PARK HOSPITAL, SPIRIT MOUNTAIN HOSPICE VOLUNTEER:

1-2 2-4 5 or more Other, please specify

WOULD YOU BE AVAILABLE PRIMARILY (Check as many as apply)

weekdays weekday evenings weekend days weekend evenings

ADDITIONAL / PERSONAL INFORMATION

DO YOU SPEAK A FOREIGN LANGUAGE? IF SO, WHAT? _____

DO YOU DRIVE? yes no

DO YOU HAVE RELIABLE TRANSPORTATION? yes no

IN WHICH OF THE FOLLOWING ACTIVITIES MIGHT YOU BE INTERESTED AS A HOSPICE VOLUNTEER? (Check as many as apply.)

- Friendly visits / companionship
- Reading, letter, writing, etc.
- Assisting with eating
- Assistance with walking
- Assisting with dressi
- Non-patient activities
- Receptionist
- Office work
- Special Projects
- Household chores/repairs
- Recreational activities (playing cards, games, etc.)
- Other, please specify

PLEASE TELL US ABOUT YOUR PREVIOUS EXPERIENCES WITH DEATH:

WHY DO YOU WANT TO BECOME A HOSPICE VOLUNTEER?

REFERENCES

PLEASE IDENTIFY THREE PERSONS WE MAY CONTACT FOR A PERSONAL REFERENCE

NAME	MAILING ADDRESS	RELATIONSHIP
1.	<hr/>	<hr/>
2.	<hr/>	<hr/>
3.	<hr/>	<hr/>