

EXCELA HEALTH HOSPICE VOLUNTEER APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____

BIRTHDAY: MONTH: _____ DAY: _____

EMERGENCY CONTACT: _____

REASON FOR VOLUNTEERING:

EDUCATION:

EMPLOYMENT HISTORY:

VOLUNTEER HISTORY:

HAVE YOU HAD PREVIOUS HOSPICE VOLUNTEER TRAINING? YES _____ NO _____

If yes, place? _____

AVAILABILTY:

PERSONAL INTERESTS & FAVORITE PASTTIMES:

VOLUNTEER INTERESTS: CIRCLE ALL THAT MAY APPLY:

PATIENT/FAMILY CARE

WITH CHILDREN

WITH ADULTS

SUPPORT IN HOME

NURSING HOME VISITOR

PET HELPERS

MUSIC INTERVENTION

REIKI/MASSAGE THERAPY

ADMINISTRATIVE/SPECIAL PROJECTS/EVENTS

OFFICE SUPPORT

HEALTH FAIRS/SPEAKERS BUREAU

FUND RAISING

SEWING TEDDY BEARS

OTHER PROJECTS

VETERANS PROGRAM

EXPRESSIVE ART

INFORMATION THAT MAY BE HELPFUL TO PATIENTS OR FAMILIES IN SPECIAL ASSIGNMENTS:

DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH? _____ YES _____ NO

IF YES, PLEASE INDICATE LANGUAGE(S): _____

DO YOU KNOW SIGN LANGUAGE? _____ YES _____ NO

REFERENCE (NAME, PHONE NUMBER, RELATIONSHIP, LENGTH OF RELATIONSHIP):

COMMENTS:

SIGNED: _____

DATE: _____