

volunteer application

Name	€	email	
Mailing address			
Home phone	cell	work	
Date of birth	occupation _		
Employer	May we call you at work? yes no emergency on		
Person to be notified in an	emergency		
Name	email		
Mailing address			
Home phone	cell	work	
Two personal references			
Name	email		
Mailing address			
Home phone	cell	work	
Name	email		
Mailing address			
		work	

How did you hear about our hospice volunteer program?

Why do you want to be a hospice volunteer?

Please write a brief autobiographical sketch, including your personal and professional history, along with your education, any special training, skills and hobbies. (Feel free to use additional pages for this or any question)			
What are your greatest strengths? What are your greatest weaknesses?			
If you have strong feelings and/or opinions (political, religious, personal), can you quiet them and listen to others without judging their thought processes or offering advice?			

Applicant Signature	Date
knowledge. I understand that by submitting this ap	s application are true and correct to the best of my plication I authorize inquiries to be made ecords for the purpose of determining my suitability Ethics for Volunteers (above) and agree to abide by of any client information I acquire in the course of
As a volunteer, I realize that I am subject to a confidence of professionals in the field in which I will work. I, like account for what I do in terms of what is expected of I understand that any information disclosed to Volunteers (CFHV) is confidential. I understand "volunteers accepted as a volunteer of the standards set forth in CFHV's policy and proceded.	ode of ethics similar to that which binds the they, assume certain responsibilities and expect to of me. me while assisting Coastal Family Hospice lunteer" to mean that I have agreed to work withou lunteer worker, I expect to do my work according to
How available and flexible can you be in meeting th	e needs of patients and families?
have you cared for someone who was dying, or bee	n with them at the time of death? Please describe.
Have you cared for someone who was dying, or bee	n with them at the time of death? Please describe
Please summarize your thoughts and feelings about	the emotional/ physical challenges at end of life