METHODIST HOSPITAL HOSPICE

VOLUNTEER APPLICATION FORM

Thank you for your interest in becoming a Methodist Hospice Volunteer. This application form was developed specifically for our Hospice Program, and therefore, some of the questions may seem unduly or private. This information will be helpful in making our volunteer assignments and will be kept confidential. The following questions may be answered at the applicant's discretion.

NAME:		DATE:	· · · · · · · · · · · · · · · · · · ·
ADDRESS:			
			ZIP:
PHONE:	CELLI	PHONE:	
BUSINESS PHONE:		_EMAIL:	
BIRTHDATE: MO:	DAY:		
OCCUPATION:			
EMPLOYER:			
NAME OF SPOUSE:			
IN EMERGENCY NOTIFY:		PHONE: _	
RELATIONSHIP TO VOLUNTEER:			
VOLUNTEER EXPERIENCE		S	TYPE OF WORK
OTHER INVOLVEMENTS			
Do you have a particular religious affiliation Please identify affiliation (if any):	n? Yes _	No	

Do you have any physical restrictions wl surgeries, etc. Please explain:	hich might affect your placem	ent? (Vision, Hearing, lifting
Do you speak a foreign language?		
Oo you have a current driver's license?	Yes No	
Do you have access to a car? Ye	es No Car Insurance _	Yes No
Experiences, special skills, office skills,	music, talents that you would	like to share:
Why do you want to be a hospice volunt	eer?	
Has anyone close to you died recently? I	If yes, please explain the circu	ımstances?
Γimes you are available for volunteer wo	ork:	
Days	Evenings	Weekends
I AM WILLING TO MAKE A ONE Y WITH THE METHODIST HOPSICE basis).		
Signature of Applican	nt	

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Date of Interview:	
Interviewer's Comments:	
Interviewer's Signature	