



# HOSPICE & COMMUNITY CARE VOLUNTEER APPLICATION FORM

For Volunteer Services to Complete:	
Date Received _____	Forwarded _____
DVS Review _____	Call to Applicant _____
Initial Interview _____	

Thank you for your interest in becoming a volunteer for Hospice & Community Care. Please print!

**Name** \_\_\_\_\_

**Home Address** \_\_\_\_\_

\_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

### EMERGENCY NOTIFICATION:

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

**Relationship** \_\_\_\_\_

### Employment:

*If retired or not applicable, check here* \_\_\_\_\_ *If retired, list year* \_\_\_\_\_

**Company** \_\_\_\_\_ **Full Time** \_\_\_\_ **Part Time** \_\_\_\_

**Job Title/Description** \_\_\_\_\_

*If still employed, list work telephone if okay to receive calls.* \_\_\_\_\_

### Secondary Education and Special Training:

\_\_\_\_\_ **Degree?** Y N **Year** \_\_\_\_\_

**Other** \_\_\_\_\_

\_\_\_\_\_

### Special Skills and Interests:

\_\_\_ **Nursing**      \_\_\_ **Beautician/Barber**      \_\_\_ **Gardening**      \_\_\_ **Journaling**

\_\_\_ **Receptionist**      \_\_\_ **Public Speaking**      \_\_\_ **Sewing**      \_\_\_ **Sports**

\_\_\_ **Cooking/Baking**      \_\_\_ **Clerical**      \_\_\_ **Computer**      \_\_\_ **Music**

\_\_\_ **Military Service – Branch?** \_\_\_\_\_ \_\_\_ **Foreign Language** \_\_\_\_\_

*Other – please list* \_\_\_\_\_

**Other Volunteer Experiences:**

Volunteer Role(s) \_\_\_\_\_

Agency \_\_\_\_\_

Dates Volunteered \_\_\_\_\_

Activities \_\_\_\_\_

Hobbies and Activities \_\_\_\_\_

\_\_\_\_\_

Community Clubs, Etc. \_\_\_\_\_

**Do you have your own transportation?**                      Yes                      No

**Have you ever been convicted of a crime?**                      Yes                      No

*If yes, please explain* \_\_\_\_\_

\_\_\_\_\_

**Briefly explain why you want to become an HCC volunteer.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Have you had any direct experiences in the care of seriously ill patients?**                      *(Please describe)*

\_\_\_\_\_

\_\_\_\_\_

**Please share your personal loss experience, providing dates if possible.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Are you currently receiving bereavement support from Hospice & Community Care?**    Yes    No

*If "yes" please describe the type of support, including attendance at any type of PATHways support group*

\_\_\_\_\_

\_\_\_\_\_

**References**

*Please list 3 personal references (non-family) that support your desire to serve as a Hospice volunteer.*

- 1. Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
E-Mail Address \_\_\_\_\_
  
- 2. Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
E-Mail Address \_\_\_\_\_
  
- 3. Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

**Please refer to the enclosed schedule and indicate the Training Series you wish to attend.**

How did you hear about volunteering for HCC? \_\_\_\_\_

Are you able to make a weekly commitment to volunteering? Yes No

If not, how often would you plan to volunteer? \_\_\_\_\_

Are you able to make a commitment to volunteering for at least one year? Yes No

Your signature indicates your willingness to allow us to check references, and also attests to the truthfulness of this information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Thank you for your interest in volunteering with Hospice & Community Care. We appreciate your time in completing this application. If you have any questions, we can be reached by telephone at 295-3900. Please return in the enclosed envelope or mail to:*

Volunteer Services Team  
Hospice & Community Care  
685 Good Drive, P.O. Box 4125, Lancaster, PA 17604-4125