



Volunteer Application

Last Name _____ First Name _____

MI _____

Street Address _____

City _____ Zip _____

SS# _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Email _____

Person to be notified in an emergency:

Name _____ Phone () _____

Address _____

City _____ Zip _____

Employer _____ Occupation _____

Can receive calls at work (please check one): Yes No Emergency Only

Education completed _____

Please list any Professional License, Certification, or Registration that you may have:

Type _____ Number _____

State(s) _____ Expiration Date (s) _____

Education/Special Training (please list any training or experience relevant to hospice work)

Work Experience _____

Other special services/skills: (art, music, foreign languages, cultural studies, grant-writing or research, public relations, manicurist, hairdresser, masseuse, etc.)

Volunteer History (where, capacity of volunteer duties, length of service)

What do you look for in a volunteer experience?

How did you hear about our hospice volunteer program?

Why do you want to be a hospice volunteer?

Do you have access to transportation? _____ Yes _____ No

Are you willing to be considered for out-of-your own City matches? _____ Yes _____ No

Hobbies/Interests

Death and Dying Awareness

Have you ever been with someone at the time of their death? _____ Yes _____ No

If yes, please describe briefly:

Have you ever provided care to anyone who was dying? _____ Yes _____ No

(If yes please explain)

Please list significant losses that have occurred in your life and your age at the time of each.

If selected to be a patient care volunteer, can you commit to volunteering a minimum of three hours per week for a year? _____ Yes _____ No

Can you commit to attend a 3 hour training session? _____ Yes _____ No

Please describe your availability for volunteer service:

_____ Mornings _____ Afternoons _____ Evenings _____ Weekdays
_____ Weekends

Other _____

Areas of Interest

PATIENT/FAMILY CARE

_____ in home _____ in facility _____ companionship _____ respite
_____ alternative therapies

BEREAVEMENT

_____ phone caller _____ support group co-facilitator
_____ office/clerical

NON-PATIENT CARE

_____ clerical _____ mailings _____ events _____ data entry

List two personal references (*excluding family members*).

Name _____

Address _____

City _____ State _____

Phone (home) _____ (other) _____

Name _____

Address _____

City _____ State _____

Phone (home) _____ (other) _____

Have you ever been convicted of a felony? _____ Yes _____ No

(*If yes, please explain*)

Please note that a Criminal History Check is required.

Thank you for your interest in volunteering for Envoy Hospice! Please read, and sign below.

I certify that the information I provided in this **Hospice Volunteer Application** is true and complete to the best of my knowledge. I authorize Envoy Hospice to contact my previous employers and other resources to investigate any of the facts set forth in this Application or resume. I specifically waive prior written notice of disclosure of any personnel record information, including disciplinary reports, letters of reprimand or other disciplinary action. In consideration of acceptance of my application, I release Envoy Hospice and my previous employers of any claimed liability arising out of such response and disclosure.

Signed: _____ Date: _____

Please complete documents & scan/email them back to me at:

rosy.duncan@envoyhospice.com

Rosy Duncan - Volunteer Coordinator

Cell) 817-905-5604

Office) 817-289-3990

OR feel free to drop off or mail to:

Envoy Hospice

1412 West Magnolia Suite 100

Fort Worth, TX 76104