

HOSPICE VOLUNTEERS OF WATERVILLE AREA
VOLUNTEER APPLICATION FORM

Thank you for your interest in becoming a Hospice Volunteer. This application form was developed specifically for our Hospice program, and therefore some of the questions may seem unduly personal or private. However, this information has proven to be most helpful in our getting to know you better. Please return your completed application. We will call you for an interview prior to beginning the training.

NAME _____ DATE ___ - ___ - ___ EMAIL _____

ADDRESS _____ PHONE _____

_____ ZIP + 4 _____

OCCUPATION _____ BUSINESS PHONE _____

EMPLOYER _____

HOW LONG HAVE YOU LIVED IN MAINE? _____

WHAT OTHER STATES HAVE YOU LIVED IN DURING THE PAST 10 YEARS? _____

EDUCATION - SCHOOLS ATTENDED:	DEGREE	MAJOR
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT HISTORY:	DATES	DESCRIPTION OF WORK
_____	_____	_____
_____	_____	_____
_____	_____	_____

VOLUNTEER EXPERIENCE:	DATES	DESCRIPTION OF WORK
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER INVOLVEMENTS? _____

HOW DO YOU FEEL ABOUT PEOPLE'S MORALS, LIFE STYLES, RELIGIOUS / SPIRITUAL BELIEFS WHEN THEY MAY DIFFER FROM YOURS? PLEASE EXPLAIN:

HOW DO YOU FEEL IF A PERSON CONFESSES PAST OFFENSES TO YOU? _____

FOREIGN LANGUAGES: _____

ARE YOU WILLING TO PROVIDE TRANSPORTATION? YES _____ NO _____

IF YOU ARE WILLING TO PROVIDE TRANSPORTATION TO CLIENT/FAMILIES, WE WILL NEED PROOF OF AUTO INSURANCE AND A VALID DRIVER'S LICENSE.

EXPERIENCES, SPECIAL SKILLS, OFFICE SKILLS, ARTS & CRAFTS, MUSIC, ETC.? _____

WHY DO YOU WANT TO BE A HOSPICE VOLUNTEER? _____

WHAT KIND OF PERSONAL EXPERIENCE HAVE YOU HAD WITH LOSS AND GRIEVING? PLEASE EXPLAIN THE CIRCUMSTANCES. _____

WHAT ARE YOUR EMOTIONAL SUPPORT SYSTEMS? _____

HAVE YOU HAD ANY PREVIOUS TRAINING IN THE ISSUES OF GRIEF AND LOSS? _____

PROVIDING WE TEACH YOU PROPER BODY MECHANICS, WOULD YOU BE ABLE TO ASSIST A 120 LB. PERSON TO TRANSFER FROM A BED TO A BEDSIDE COMMUNE? _____

AVAILABLE TIME FOR VOLUNTEER WORK:

_____ DAYS _____ EVENINGS _____ WEEKENDS

PLEASE PROVIDE NAMES OF TWO PEOPLE WE MAY CONTACT FOR A PERSONAL REFERENCE:

1. NAME _____ OCCUPATION _____

ADDRESS _____ PHONE _____

RELATIONSHIP TO APPLICANT _____

2. NAME _____ OCCUPATION _____

ADDRESS _____ PHONE _____

RELATIONSHIP TO APPLICANT _____

ARE YOU WILLING TO SIGN RELEASES PERMITTING OUR OFFICE TO PROCESS CRIMINAL AND
DRIVING RECORD BACKGROUND CHECKS AS REQUIRED FOR ALL OUR STAFF AND
VOLUNTEERS? _____ YES _____ NO

Revised: 01/06