

MAIN STREET HOSPICE
VOLUNTEER APPLICATION

Full Name: _____ Spouse Name: _____

Address: _____ City: _____ Zip: _____

How long have you lived in Indiana? _____ If less than 1 year, list
previous address: _____ City: _____

State: _____ Zip: _____

Phone: (H) _____ (W) _____ Date of Birth _____

Please list any physical or emotional limitations: _____

When would you be available to volunteer? (i.e., mornings, evenings, week-ends,
etc.) _____

Please list any previous volunteer experience: _____

Please describe any skills, background, interests, hobbies, experiences and/or
training you would like me to know about. Include and foreign languages you can
speak. _____

Have you ever been diagnosed with a life threatening illness? If yes please
explain: _____

Please list two references: I am interested in talking to someone who knows you
well.

1) Name: _____ Relationship: _____

Phone : (H) _____ (W) _____

2) Name: _____ Relationship: _____

Phone: (H) _____ (W) _____

*Please know this information will be held in the strictest confidence.

MAIN STREET HOSPICE
VOLUNTEER APPLICATION CONT

Where did you hear about Hospice? _____

Do you know about the Hospice concept and philosophy? _____

Any recent losses? _____

What helped you cope with the loss? _____

What kind of support system do you have in place for you? _____

What are some of your personal strengths? What do you see yourself personally adding to the Hospice program? _____

What are some of your personal weaknesses? What kinds of things work for you? _____

Why do you want to volunteer at Hospice? _____

What are your expectations? _____

Can you think of a reason you should not be a Hospice Volunteer? _____

MAIN STREET HOSPICE
VOLUNTEER AVAILABILITY

Do you have your own transportation? () Yes () No

Geographic area of preference of work? _____

Areas of interest:

- () Patient visits for companionship () Will run errands for patients
() Will transport patient's family members () Clerical Duties
() Cooking for patient/family or meetings () Bereavement support
() Community promotion projects
() Other

Interests:

SPECIFY TIMES AVAILABLE

Days Available	Mornings	Afternoons	Evenings	on Call
Monday	()	()	()	()
Tuesdays	()	()	()	()
Wednesday	()	()	()	()
Thursday	()	()	()	()
Friday	()	()	()	()
Saturday	()	()	()	()
Sunday	()	()	()	()

Total hours you prefer to volunteer per week/month: _____

Volunteer Signature

Date

Thank you for volunteering your time and skills to our Hospice!!!