

Hospice Volunteer Questionnaire

Thank you for your interest in becoming a volunteer for Hospice of Sacred Heart. 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 making our volunteer assignments and the information is strictly confidential. We ask that Patient Care and Bereavement volunteers make a one-year commitment to our agency.

NAME _____

DO YOU HAVE A PARTICULAR RELIGIOUS AFFILIATION? YES _____ NO _____ PLEASE EXPLAIN.

FOREIGN LANGUAGES _____

CAR: Do you have a valid driver's license? Yes _____ No _____ Do you have daytime access to a car? Yes _____ No _____

Are you willing to provide transportation? Yes _____ No _____ Do you have auto insurance coverage? Yes _____ No _____

WHAT SKILLS OR TALENTS DO YOU WANT TO SHARE WITH HOSPICE? _____

WHY DO YOU WANT TO BE A HOSPICE VOLUNTEER? _____

HAVE YOU EXPERIENCED A SIGNIFICANT LOSS WITHIN THE LAST YEAR? YES _____ NO _____ IF YES, PLEASE

EXPLAIN THE CIRCUMSTANCES. _____

HAVE YOU RECEIVED A DIAGNOSIS OF OR TREATMENT FOR CANCER WITHIN THE PAST YEAR? YES _____ NO _____

PLEASE INDICATE YOUR PLACEMENT PREFERENCES:

Bereavement _____ Courageous Kids _____ Courier _____ Office _____

Home Respite _____ Care Facilities _____ Special Projects (gardening, hair cuts, etc.) _____

AVAILABILITY: Days _____ Evenings _____ Weekends _____

Signed _____ Date _____

