



Whatcom Hospice

WHATCOM HOSPICE CAREGIVER VOLUNTEER APPLICATION

Please complete entire form with as much detail as possible. Use additional paper if necessary.

Name: _____ Nickname: _____

Address: _____
City State Zip

E-Mail _____

Phone: Home _____ Cell _____ Work _____

Religion/Spiritual Path? _____ Who to call if emergency? _____

What areas of Hospice are you interested in volunteering? Please check any/all

- Hospice Respite Care Volunteer (homes, nursing homes)
- Hospice House
- Bereavement Support
- Comfort Therapies (massage, energy, music, etc.)
- Other:
- Driver
- Home Maintenance
- Gardner/Landscape Support
- Sewing/Knitting/Crocheting
- Office Support

When could you be available to volunteer for Hospice? Please check any on the grid below.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM's - 9-1							
PM's - 1-5							
Eves - 5-9							
Other:							

- How did you find out about the Hospice Volunteer Program?
- Why do you want to be a Hospice Volunteer?
- Does your spouse/family support your being a Hospice Volunteer?
- Have you ever spent time with someone who is dying? If yes, when? Please describe.
- Have you had a significant loss—death, divorce, or separation—in the past year? Please explain.
- How do you feel when you think about your own death?

7. Describe your beliefs and/or experiences that you believe are important to assist you as a Hospice volunteer.

8. What do you hope to receive from this kind of work?

9. What do you hope to bring to the people with whom you work?

10. How do you respond to situations that you cannot influence or change?

11. How comfortable are you in your ability to step into a variety of situations and communicate with different people?

12. How would you describe your communication skills?

13. Are you 18 years of age or older?
14. List special skills, activities, interests, or hobbies you could share with the Hospice program (Professional skills, Foreign languages, Music, Creative Arts, etc.):

15. Education: Highest grade completed? _____ Degrees/Training/Licenses _____

<p>Are you currently a student? Do you plan to return to school within the next year? Field of Study: School:</p>	<p>Are you currently employed? Full-Time____ Part-Time ____ Occupation:</p>	<p>Are you Retired?</p>
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16. What kinds of jobs have you held in the past?

17. Do you have any physical limitations that we should be aware of in assigning you as a volunteer? Please explain:

18. Do you prefer to volunteer in a particular area of the county (Bellingham, North, East, West, South)?

19. Are you willing to travel to other areas of the county? Y N Please specify: _____
20. Do you have reliable transportation? Car? _____ Bus? _____ Other? _____
21. Are you willing to do vigils (sitting with actively dying patient so he/she doesn't die alone)? _____
22. Can you participate in all 32 hours of the Hospice Training Program?
23. Can you commit to four hours per week for at least one year (following training) to the program?

PERMISSION FOR RELEASE OF INFORMATION—VOLUNTEER REFERENCE CHECK

YOU MUST LIST THREE REFERENCES & PROVIDE COMPLETE MAILING ADDRESSES OR EMAIL.

References will be contacted. No family. Professional or friends only who can attest to your reliability.

1. Name _____ Relationship _____
 Address _____
 E-Mail _____ Phone _____
2. Name _____ Relationship _____
 Address _____
 E-Mail _____ Phone _____
3. Name _____ Relationship _____
 Address _____
 E-Mail _____ Phone _____

I DO HEREBY GRANT PERMISSION FOR THE ABOVE NAMED INDIVIDUALS AND/OR AGENCIES TO RELEASE INFORMATION TO WHATCOM HOSPICE CONCERNING MY CHARACTER, EMPLOYMENT, PERFORMANCE, SKILLS, COMPETENCE, AND/OR GENERAL ABILITY.

IT IS UNDERSTOOD THAT THIS PERMISSION INCLUDES CUMULATIVE AND CONFIDENTIAL INFORMATION, WHICH WOULD ASSIST WHATCOM HOSPICE IN FILLING VOLUNTEER POSITIONS.

Agreement of Confidentiality: I understand that any information I may obtain directly or indirectly concerning patients, doctors or personnel while I am a volunteer at Whatcom Hospice is confidential and that this confidentiality is protected by Federal Law.

SIGNATURE _____ Date _____

Please return to: Dianne Gillespie, Volunteer Coordinator - E-Mail: dgillespie@peacehealth.org
 Whatcom Hospice, 2800 Douglas Ave., Bellingham, WA 98225 -- Fax: 788-6884