



Willamette Valley Hospice Volunteer Application

First Name _____ MI _____ Last Name _____

Mailing Address _____

City _____ Zip _____ Home Phone _____

In case of emergency notify _____ Phone _____

Or _____ Phone _____

E-mail Address: _____

Date of Birth _____ Marital Status _____ Child(ren) at home _____ Age(s) _____

Education Level _____ SS# _____

If currently employed
Employer _____ Work Days _____ Hours _____

Position Title _____ Duties _____

Work Phone _____ Fax _____ Okay to call at work? _____

List two references (**non-family members**) who can address your suitability to become a volunteer. (Please notify them so that they will be expecting our inquiry.) We prefer to use email correspondence.

Name _____ Name _____

Email: _____ **Email:** _____

Address _____ Address _____

City _____ State _____ City _____ State _____

Zip _____ Phone _____ Zip _____ Phone _____

Relationship _____ Relationship _____

Previous volunteer experience (agencies, tasks, responsibilities, length of service)

Work history, life experiences, interests, skills, hobbies _____

(Use another sheet if necessary.)

General availability to volunteer up to 4 hours per week:

Which Days? _____ Time Periods? _____

Interested in: _____ Patient/Family Support _____ Bereavement Support _____ Life Review
_____ Office Support _____ Fundraising _____ Community Outreach _____ Pet Therapy

Possess basic computer skills? _____ Yes _____ No

Special considerations for patient/family services or Bereavement Volunteer applicants only

Able to tolerate cigarette smoke? _____ Yes _____ No

Able to drive at night? _____ Yes _____ No

Willing/able to sing or play music for people? _____ Yes _____ No

Able to converse in a second language? _____ Yes _____ No _____ Which? _____

Have physical limitations which could affect ability to volunteer in some
circumstances? _____ Yes _____ No Please explain _____

Other considerations: _____

Have you had a family member or friend who died while in hospice care? _____

Briefly explain your understanding of hospice and why you wish to be a volunteer. _____

**THE PRECEDING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY
KNOWLEDGE AND I AUTHORIZE RELEASE OF VERIFYING INFORMATION TO
WILLAMETTE VALLEY HOSPICE.**

Signature

Date

****All volunteers will be required to submit to a urinalysis test for drugs and
alcohol, a criminal background check and personal references.**