



Volunteer Application

DATE OF APPLICATION: _____

NAME _____ BIRTHDATE _____

ADDRESS _____

PHONE (HOME) _____ PHONE (WORK) _____

Cell Phone _____ EMAIL _____

OCCUPATION _____ EMPLOYER _____

PERSON TO NOTIFY IN CASE OF EMERGENCY _____

RELATIONSHIP _____ PHONE _____

EMPLOYMENT HISTORY (MOST RECENT)	DATES	DESCRIPTION OF WORK
_____	_____	_____
_____	_____	_____

VOLUNTEER EXPERIENCE	DATES	DESCRIPTION OF SERVICE
_____	_____	_____
_____	_____	_____

PERSONAL BACKGROUND (OTHER SKILLS, EXPERIENCES OR QUALIFICATIONS SUCH AS WOODWORKING, ARTS, CRAFTS, FOREIGN LANGUAGES, HAIR DRESSING, TYPING, MUSIC, HOMEMAKING, YARD WORK, HANDYMAN SKILLS, ETC.)

HOBBIES _____

EDUCATION/FIELD OF STUDIES _____

WHO DO WE THANK FOR YOUR INTEREST? Radio Newspaper Website Family Friend _____

WHY DID YOU PICK HOSPICE FOR A VOLUNTEER EXPERIENCE? _____

WHAT HAS BEEN YOUR EXPERIENCE WITH DEATH AND DYING? (EXAMPLE: BEEN GRAVELY ILL YOURSELF, DEALT WITH A LIFE THREATENING ILLNESS WITH SOMEONE ELSE, HAD A FAMILY MEMBER OR CLOSE FRIEND DIE (HOW RECENTLY?), ETC. PLEASE COMMENT ON YOUR FEELINGS CONCERNING THE DEATH EXPERIENCE.

DO YOU HAVE FUNCTIONAL LIMITATIONS WE NEED TO CONSIDER WHEN MAKING A PATIENT ASSIGNMENT? (EXAMPLE: LIMITS ON LIFTING, VISION OR HEARING IMPAIRMENTS, ETC.)

REFERENCES (PLEASE LIST TWO PEOPLE (NOT RELATIVES) WHO YOU KNOW WELL)

NAME

ADDRESS

PHONE

PERSONAL COMMENTS: _____

By signing below, I certified that the information contain within this document is true and to the best of my knowledge. I also agree to submit my name for Salina Regional Health Center to do a KBI background check.

SIGNATURE

DATE

FOR OFFICE USE ONLY

Date Application Received _____ By Whom: _____

Date Contacted _____ Int. _____ Date of Interview _____

Rate Reference Check: 1 lowest / 5 highest

1st Reference 1 2 3 4 5 **2nd Reference** 1 2 3 4 5 If additional comments, please attach separate sheet.