



**HOSPICE VOLUNTEERS OF HANCOCK COUNTY
APPLICATION FOR PATIENT CARE VOLUNTEER TRAINING**

Date _____

Name _____ Phone _____

Home Address _____

Workplace name & address _____

Position _____ Phone _____

Email address _____ FAX# _____

Birth Date _____ Sex _____ Spiritual Practice _____

In case of emergency, notify: _____

Relationship _____ Phone _____

Educational Background and Special Training:

	Name(s)	School	Degree
School	_____	_____	_____

College _____

Special Training _____

Any Military History _____

Our State license requires that we ask if you ever been investigated/convicted of a felony, moral, or ethical crime? yes _____ no _____ if yes, please explain:

Please describe volunteer service you have given in the past or are involved with at this time, giving organization names and dates of service.

Do you have any physical limitations, disabilities, or chronic health problems that would affect your work as a Hospice volunteer: _____

How did you learn about hospice volunteer training? _____

How and when did you first learn about hospice care? _____

Why, at this time in your life, do you wish to take hospice training? _____

Are you planning to become an active hospice patient care volunteer? (An active patient care volunteer is asked to make a regular commitment of up to 4 hours per week for one year, understanding that there may be times during the year when you are not available.)

Is there another reason why you wish to complete this volunteer training?

Are you willing to make a commitment to attend monthly team meetings in your region, understanding that there may be periods of time when you are not available?

Are you away for significant parts of the year? _____

Because of the nature of hospice work, it is important for hospice volunteers to take care of themselves. Please describe the ways you receive support and care.

How would you describe your ability to listen to others? _____

How would you describe your ability to communicate with others? _____

Please describe the activities you most enjoy:

Have you recently experienced a joyful occasion? Please describe. _____

Have you experienced a major change or loss in the past two years?

death _____ divorce _____ change in job _____ move _____ health _____ other _____

Describe a connection between joyful occasions and ones involving change or loss.

Have you ever spent time with a very ill or dying person? If you have, please describe your experience.

What did you learn from this experience? _____

What do you think are the most important things a dying person needs?

What is your greatest strength? _____

What is your greatest weakness? _____

What qualities do you feel you will bring to the Hospice Program?

Please give us the names of three (3) persons we may contact for personal references:

1. Name _____ Phone _____
Address _____
Relationship to applicant _____

2. Name _____ Phone _____
Address _____
Relationship to applicant _____

3. Name _____ Phone _____
Address _____
Relationship to applicant _____

Signature of Applicant

There is a \$75.00 fee for this course, which covers the cost of books and training materials. Please include your fee with this application. It will be refunded to you if you decide not to pursue training.

FOR OFFICE USE ONLY:

Application received date _____
\$75.00 Training fee received: _____
Personal interview date: _____
Accepted for training: _____

Notes:

