

Hospice of Chippewa County
Volunteer Application (All info is kept confidential.)

Name: _____ Date: _____

Address: _____

Phone #: _____ Alternate Phone # or Cell phone: _____

Email Address: _____

In case of an emergency, please notify: _____ at _____

Sex: () Male () Female Height _____ Weight _____ #

Date of Birth: _____ (mm/dd/yy) Place of Birth _____

Social Security#: _____ ***MI Driver's License #: _____ ***

Hair Color _____ Eye Color _____ Race _____

Family:

Marital Status: () Married () Single () Widowed () Divorced () Separated

Do you have children living at home? () No () Yes () Preschool () School Age () Adult

Religious Affiliation: _____

Education:

Level of education: (check highest level completed):

() Elementary/Junior High () High School () Vocational/Technical

() College University (other than Bachelor's Degree)

() College University (Bachelor's Degree) () Post Graduate

List degree earned: _____ Where: _____

Are you currently in school? ___yes, full time ___yes, part time ___no

Are you planning to return to school in the future? ___yes ___no ___undecided

Employment:

() Employed full-time () Employed part-time () Retired () Not Employed

If so, where employed? _____

If not, do you plan to go to work in the future? ___yes, full time ___yes, part time ___no

Explain briefly what type of work you have done in the past _____

Previous volunteer work: (List all volunteer work including Hospice or similar programs).

Availability:

How often do you expect to or want to work as a volunteer?

___ once a week ___ once a month ___ several times a week ___ several times a month

In what areas of Chippewa County are you willing to volunteer?

Please indicate times you are available and either am, pm or both.

____ Monday _____ Tuesday _____ Wednesday _____ Thursday

____ Friday _____ Saturday _____ Sunday

Do you have times when you *know* you will *not* be available? _____

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Transportation: () Use own automobile () Use Public Transportation

() Other - Please list: _____

Automobile Insurance: _____

... Volunteer must carry minimum liability coverage and provide the Hospice office with a copy of their Proof of Insurance to be placed in their confidential file.

Health Status:

How would you describe your general health in the past year?

() Good () Fair () Poor

List any major health problems/surgeries, limitations etc. that might affect your volunteering.

Do you have any allergies (such as cats, dogs, smoke, etc.)?

Skills/Hobbies:

Do you know a foreign language? Please specify _____

List any special skills or hobbies:

Personal Experiences With Death:

Have you experienced any deaths in your family or of those close to you? ___yes ___no

Please specify relationship and *when* they died.

How did you hear about the Hospice volunteer program?

Can you state briefly why you want to be a volunteer for Hospice of Chippewa County?

****** It is the policy of Hospice of Chippewa County, under the Volunteers for Children Act, Public Law 105-251, to conduct a routine background check on all people applying for a volunteer position within its organization.***

I hereby give my consent for Hospice of Chippewa County to contact my references, and to conduct a routine background check.

Signature: _____

Date: _____

Please list references on next page.

Hospice of Chippewa County Volunteer Application continued

Please list references below:

Name: _____ Phone #: _____

Address: (Street or P.O. Box) _____

(City, State, Zip) _____

How do you know this person? _____

How long have you known this person? _____

Name: _____ Phone #: _____

Address: (Street or P.O. Box) _____

(City, State, Zip) _____

How do you know this person? _____

How long have you known this person? _____

Name: _____ Phone #: _____

Address: (Street or P.O. Box) _____

(City, State, Zip) _____

How do you know this person? _____

How long have you known this person? _____

HOSPICE VOLUNTEER
Volunteer Area of Interest Survey

Name: _____

Phone: _____

Date: _____

Please select all volunteer areas that interest you. Indicate your top three preferences by numbering 1, 2 & 3. (1 being the most preferred).

_____ Pt. Services Volunteer (such as respite for family, companion for patient, physical care, light housekeeping, errands, transportation)

_____ Administrative Volunteer (such as typing, filing, bulk mailings, maintenance)

_____ Bereavement Volunteer (Follow-up of Hospice families with calls or visits after Social worker initial assessment)

_____ Transportation Only

_____ Delivery or Pickup of Supplies

_____ Baking/Cooking

_____ Social Events

_____ Publicity

_____ Fund-raising

_____ Community Awareness Events (Spring Show, etc.)

_____ Volunteer Recruitment

COMMENTS: