ARDENT HOSPICE & PALLIATIVE CARE OF FRESNO, INC.

VOLUNTEER APPLICATION

Thank you for your interest in becoming a hospice volunteer. Please complete both sides of this application and return it to the address listed.

Name (Last, First, MI)	Are you over 18 years old? ☐ Yes ☐ No	DOB (Month/Day)
Address:	Home Phone:	
City, St, Zip:	Cell/Pager:	
Employer:	Work Phone:	
Occupation:	Working Hours:	
Briefly describe the type of work you do:		
Total number of hours per week you could be available for hospice volunteering: ☐ Daytime: _____ ☐ Evenings _____ ☐ Weekends _____ ☐ Other: _____		
Level of Education: ☐ High School ☐ 2 Year College ☐ 4 Year College ☐ Post Graduate		
Foreign languages spoken:		

RELIGIOUS AFFILIATION (optional -- this assists us in proper placement of our volunteers. We server patients regardless of religious affiliation)

☐ None ☐ Catholic ☐ Protestant ☐ Jewish ☐ Other: _____

PERSONAL INFORMATION

How did you hear about us?

Why do you wish to be involved in hospice?

What organizations or clubs do you belong to?

Have you had any experience with the terminally ill? ☐ Yes ☐ No

Has someone close to you died within the past year? ☐ Yes ☐ No

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What do you like about yourself?

	Yes	No	N/A
Do you have available transportation for your volunteer work?			
Do you have a valid California driver's license			
Do you have automobile liability insurance? (Auto insurance is required if you use your car for hospice work)			
Have you been convicted of a felony within the last 7 years? (Conviction will not necessarily disqualify you from volunteering)			

List experiences you believe would be helpful to you in hospice volunteering, i.e., schooling, work, volunteer experience, office skills, arts and crafts, etc.

Date	Type of Experience

AREAS OF INTEREST: (Please check areas of interest)

Direct:

- ☐ Patient and/or family visits
- ☐ Relieve primary caregiver
- ☐ Transportation
- ☐ Meal preparation
- ☐ Read to patient
- ☐ Write letters
- ☐ Shopping/run errands
- ☐ Homemaking chores
- ☐ Child care
- ☐ Bereavement follow-up

Indirect:

- ☐ Office assistance
- ☐ Speakers Bureau
- ☐ Mass mailings
- ☐ Sewing/crafts
- ☐ Videotaping
- ☐ Photography
- ☐ Computer work
- ☐ Music or entertaining
- ☐ Host/hostess for hospice events

PERSONAL REFERENCES:

Name	Relationship	Phone

IN CASE OF EMERGENCY:

Name:	Relationship:
Home Phone:	Work/Cell Phone:
Physician:	Phy. Phone:

Applicant Signature:	Date: