



Los Angeles Hospice, 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	Birthday (Mo/Day)
Address	Home Phone #	
City, State, Zip Code	Pager/Cell Phone #	
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 Yr College 4 Yr College Post Graduate		

Foreign languages spoken: _____

Religious Affiliation:

(Optional - this assists us in proper placement of our volunteers. We serve patients regardless of religious affiliation).

Catholic Protestant Jewish None 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?

Yes No Have you had experience with the terminally ill?

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

What do you like about yourself?

(side 2)

- Yes No Do you have available transportation for your volunteer work?
- Yes No Do you have a valid California driver's license?
- Yes No Do you have automobile liability insurance?
(Auto insurance is required if you use your car for hospice work)
- Yes No 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 | Meal preparation | Shopping/run errands |
| Relieve primary caregiver | Read to patient | Homemaking chores |
| Transportation | Write letters | Child care |
| | | Bereavement follow-up |

Indirect:

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

Personal References: (with phone numbers)

- _____
- _____

In Case of Emergency:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Ext: _____

Physician: _____ Office Phone: _____

APPLICANT SIGNATURE: _____ DATE: _____