

Twin Lakes Hospice Volunteer Application

DATE _____

NAME _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____

HOME PH.# _____ WORK # _____ CELL # _____

E-MAIL ADDRESS _____

STATE BRIEFLY WHY YOU ARE INTERESTED IN HOSPICE VOLUNTEERING

STATE BRIEFLY ANY EXPERIENCE YOU'VE HAD WITH TERMINAL ILLNESS

ARE YOU CURRENTLY EMPLOYED? Y / N RETIRED? Y / N

WHAT LINE(S) OF WORK? (now and in past) _____

DO YOU HAVE ANY SPECIAL TRAINING? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? Y / N (if yes, please explain on back)

DO YOU SMOKE? Y / N DOES SMOKE BOTHER YOU? Y / N

ARE YOU ALLERGIC TO ANY ANIMALS? NO / YES _____

RATE YOUR GENERAL HEALTH: EXCELLENT___ GOOD___ FAIR___ POOR___

ANY PHYSICAL LIMITATIONS? NO / YES _____

HOW MANY HOURS PER WEEK WOULD YOU BE WILLING TO HELP? _____

HOW MANY MILES WOULD YOU BE WILLING TO DRIVE? _____

WOULD YOU PREFER: WEEKDAYS _____ EVENINGS _____ WEEKENDS _____ ANYTIME

WOULD YOU BE WILLING TO GO OUT AT NIGHT? Y / N

LIST ANY SPECIAL INTERESTS OR TALENTS YOU MAY USE IN VOLUNTEERING? _____

ADDITIONAL COMMENTS

PLEASE LIST TWO PERSONAL REFERENCES:

#1 NAME _____ CITY & STATE _____

PH. # _____ TIME KNOWN _____ **CIRCLE ONE** : FRIEND FAMILY COWORKER OTHER

PLEASE LIST TWO PERSONAL REFERENCES:

#2 NAME _____ CITY & STATE _____

PH. # _____ TIME KNOWN _____ **CIRCLE ONE** : FRIEND FAMILY COWORKER OTHER

The preceding statements are true and correct to the best of my knowledge, and I authorize release of information to Twin Lakes Hospice as requested in this application.

Signed _____ Date _____