

## 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

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STATE BRIEFLY ANY EXPERIENCE YOU'VE HAD WITH TERMINAL ILLNESS

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

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

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DO YOU HAVE ANY SPECIAL TRAINING? \_\_\_\_\_

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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 \_\_\_\_\_

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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

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**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 \_\_\_\_\_