

UNITED HOSPICE OF ROCKLAND VOLUNTEER APPLICATION

Name: _____ Date: _____

Home Phone: _____ Work Phone: _____

Address: _____

City _____ State _____ Zip _____

Birthdate: _____ E-Mail: _____

In case of emergency:
Notify _____ Relationship _____ Phone _____

AVAILABILITY

Days _____ Evenings _____ Weekends _____

___ To work with patients and families

___ To work with families in bereavement

___ To do office work

___ To answer phones

___ To work on fundraisers

___ To work on Events Committees

VOLUNTEER EXPERIENCES

A. Why did you decide to volunteer for hospice?

B. Please describe current or past volunteer experiences:

EXPERIENCES WITH DEATH AND DYING

Have you experienced the deaths of family members or others close to you? If yes, please explain and give dates of deaths.

Have you had a hospice experience? If yes, please explain.

SPECIAL SKILLS

Nursing Music Art Computer Teaching Cooking
 Reiki or Therapeutic Touch Animal Care Other – please explain _____

Do you speak a language or languages other than English Yes or No
If so, what _____

EMPLOYMENT INFORMATION

Are you currently employed? Yes F/T Yes P/T No
Currently in school? Yes No

Employer Name and Address

Current Position

MILITARY EXPERIENCE

Are you a veteran? _____ If so, are you a combat veteran? _____
In which war, did you serve? _____

MISCELLANEOUS

Do you drive? _____ Do you have a car available to you? _____
Do you smoke? _____ How did you hear about UHR? _____

Are you a member of the Retired Senior Volunteer Program (RSVP)? Yes or No

Do you have any physical restrictions that might affect your volunteer placement such as a bad back, hearing or vision problems, asthma, allergies, etc. ? If yes, please describe

Have you ever been convicted of a crime? Yes No If yes, state nature of offense, when and where. _____

The information I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during interviews, can be justification for refusal of employment, or, if employed, termination from Hospice's employment.

Signature: _____ Date: _____