



(CONFIDENTIAL)

**Heart House Hospice Volunteer Application Personal Data:**

Name: \_\_\_\_\_  
(last name) (first name)

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Nearest Main Intersections: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Where did you hear about Heart House Hospice \_\_\_\_\_

Why are you interested in doing Hospice work and supporting the mission? \_\_\_\_\_

Skills/interests/Experience: \_\_\_\_\_

Employed Full Time \_\_\_\_\_ Employed Part-Time \_\_\_\_\_ Seeking Employment \_\_\_\_\_  
Homemaker \_\_\_\_\_ Student \_\_\_\_\_ Retired \_\_\_\_\_

Current/Previous Occupation: \_\_\_\_\_

Employers' Name: \_\_\_\_\_

How long have you been employed ? \_\_\_\_\_

Have you every done any volunteer work? Yes \_\_\_\_\_ No \_\_\_\_\_

Nature of your volunteer involmnet \_\_\_\_\_

Please list hobbies, Interests, Skills: \_\_\_\_\_

Administrative or computer skills \_\_\_\_\_

Have you had experienced a significant loss Yes \_\_\_\_\_ No \_\_\_\_\_

When? Less than a year ago \_\_\_\_\_ 1 – 2 years ago \_\_\_\_\_ More than 2 years ago

Please briefly explain significance of loss \_\_\_\_\_

Have you ever been a care giver for a person with life threatening illness? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you speak other languages than English? If YES, please state which languages \_\_\_\_\_ P

Please list cultures with which you are familiar \_\_\_\_\_

Complementary Therapies: Have you taken any workshops or training in any of the following: Therapeutic Touch, Relaxation, Imagery, Music Therapy (Please circle which ones)

Children & Youth – Have you worked with children  Yes  No

In what capacity? \_\_\_\_\_

Availability:

Please check the times you would be available:  Daytime  Evenings  Weekends

How much time could you give per week \_\_\_\_\_

Do you have access to a vehicle you can use for volunteer work?  Yes  No

If yes, would you be willing to drive?  Yes  No

What do you know about the Hospice Movement?

\_\_\_\_\_  
\_\_\_\_\_

Why does this organization appeal to you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you feel you can contribute to the work of Heart House Hospice?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you want to get from Heart House Hospice? (e.g. new learning, new experiences)

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How do you think you could help our clients or Family members?

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Describe briefly how you work:

a. Within a team, as a team member (i.e. with staff, other volunteers, on committees)

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b. Independently

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Describe briefly and specifically, how you handle situations where your views and opinions differ from:

a. Those with cultural, religious and education background that-differ from you

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What do you feel are your greatest:

a. Strengths

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b. Weaknesses

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- **CANDIDATES SHOULD COMMIT TO THE FULL TRAINING PROGRAM**
- **COMPLETION OF THE TRAINING PROGRAM DOES NOT GUARANTEE ACCEPTANCE AS HOSPICE VOLUNTEER**

