

**HOSPICE OF HOPE, INC.**  
**Volunteer Application**

Date: \_\_\_\_\_

*Thank you for your interest in becoming a Hospice of Hope volunteer. The following information will provide us with a clear understanding of your abilities and interests and will help us to best channel your energies and capabilities. This information has proven most helpful in making volunteer assignments.*

**GENERAL INFORMATION**

Name: \_\_\_\_\_

Last

First

Middle

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Briefly describe type of work you do: \_\_\_\_\_

\_\_\_\_\_

Total hours per week you could be available for hospice volunteering: \_\_\_\_\_

Daytime \_\_\_\_\_  Evening \_\_\_\_\_  Weekends \_\_\_\_\_  Other \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

What is your educational background? \_\_\_\_\_

\_\_\_\_\_

**PERSONAL INFORMATION**

1. Have you done any volunteer work?  Yes  No If yes, explain \_\_\_\_\_

\_\_\_\_\_

2. How did you hear about Hospice of Hope and why do you wish to be involved with us? \_\_\_\_\_

\_\_\_\_\_

3. Do you have any relatives working for Hospice of Hope?  Yes  No If yes, provide names and

relationship \_\_\_\_\_

4. Do you have any experience with terminally ill and/or bereaved persons?  Yes  No

If yes, briefly explain \_\_\_\_\_

\_\_\_\_\_

5. Do you speak a foreign language?  Yes  No What? \_\_\_\_\_

6. Do you have a valid driver's license?  Yes  No

7. Have you ever been convicted of a felony?  Yes  No If yes, briefly explain \_\_\_\_\_

## SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses, certificates and/or characteristics about yourself that may help you as a volunteer:

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## CIVIC INVOLVEMENT

List professional, trade, business, or civic associations and offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

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## OTHER INFORMATION

List special accomplishments, publications, awards (exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status) or any other information you would like us to know about you.

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## REFERENCES

List name, address and telephone number of three business/work reference who are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Address	Telephone	Years Known
		( )	
		( )	
		( )	

### MARK YOUR AREAS OF INTEREST

#### DIRECT

- Relieve Primary Caregiver
- Transportation
- Meal Preparation
- Writing Letters
- Homemaking Chores
- Shopping
- Home Repair and Special Services
- Feeding
- Bereavement

#### INDIRECT

- Hospice Office Work
- Mass Mailings
- Fundraising
- Hostessing for Hospice Gatherings
- Babysitting for Hospice Volunteer's Children
- Telephoning
- Sewing
- Publicity
- Writing Letters

Mail Completed form to:  
Hospice of Hope  
Attn: Donna Burke  
909 Kenton Station Drive  
Maysville, KY 41056

or fax to 606-759-1207

***Thank you for your interest in Hospice of Hope.  
Our Volunteer Coordinator will be in contact to discuss your application.***