HOSPICE OF GARRETT COUNTY, INC.

PATIENT CARE VOLUNTEER APPLICATION

Date: _____

Thank you for your interest in becoming a Patient Care Volunteer! The following information will provide us with a clear understanding of your abilities, interests and limitations to help make your assignments most enjoyable for you and the patient!

General Information

Name (Last, First, MI)		Date of Birth
Address (Street, City, State)		Telephone Number
Email Address	Sex (circle one) M F	Cell Phone
Employer (If applicable)		Work Phone
Position		Spiritual Practice

Briefly describe the type of work you do:_____

_____

Have you ever worked or volunteered for Hospice of Garrett County? ☐Yes ☐No If yes, detail: _____

_____

Emergency Contact Information

Name	Phone Number	Relationship

What times are best suited to your schedule to volunteer? (Check all that apply)

☐Daytime ☐Evenings ☐Weekends ☐Other _____

Educational Background and Special Training (list those that you believe would be helpful in a Hospice setting)

Date	Type of Experience

Please describe any volunteer service you have given in the past or are currently involved with at this time

Dates	Organization Name and Duties

How did you learn about Hospice volunteer training? _____

How and when did you first learn about Hospice care? _____

_____

Why, at this time in your life, do you wish to take Hospice training? _____

_____

Are you planning to become an active Hospice patient volunteer? (An active patient volunteer is asked to make a regular

commitment of up to 4 hours per week for one year, understanding that there may be times during the year when you are not available.) ☐ Yes ☐No (explain) _____
Are there any other reasons why you wish to complete this volunteer training? _____

Are you away for significant parts of the year? _____

Because of the nature of Hospice work, it is important for hospice volunteers to take care of themselves. Please describe the ways you receive support and care. _____
_____

Have you experienced a major change or loss in the past two years? ☐ death ☐ divorce ☐change in job ☐ move ☐ health ☐other _____

Have you recently experienced a joyful occasion? Please describe. _____
_____

Describe a connection between joyful occasions and ones involving change or loss. _____
_____
_____

Have you ever spent time with a very ill or dying person? If you have, please describe your experience. _____
_____
_____

What did you learn from this experience? _____
_____
_____

What do you think are the most important things a dying person needs? _____
_____

What is your greatest strength? _____

What is your greatest weakness? _____

What activities do you most enjoy? _____

What qualities do you feel you will bring to the Hospice program? _____

Do you speak any language other than English? _____

List any licenses/certifications you currently hold. _____

Do you have reliable transportation? _____

Have you ever been convicted of a felony? ☐ Yes ☐ No

Please give the names of three (3) persons we may contact for personal references:

Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

Please check areas of interest for Patient Related Services:

- □ Relieve Primary Caregiver
- □ Meal Preparation
- □ Write Letters
- □ Music Enrichment
- □ Tuck In Phone Calls
- □ Reading
- □ Companionship
- □ Homemaking Chores
- □ Light Yard Work

Please use the space below to share any additional information about yourself that you feel will help us in choosing compatible assignments._____
_____
_____
_____
_____
_____

_____ _____
Signature Date