



Butte Home Health & Hospice

10 Constitution Drive
Chico, CA 95973
(530) 895-0462

VOLUNTEER APPLICATION FORM

Thank you for your interest in becoming a Hospice Volunteer. The questions below may seem unduly personal. However, this information has proven to be most helpful in making volunteer assignments. We are pleased that you want to volunteer your time and support to help others in our community and welcome this opportunity to get better acquainted with you. Please feel free to omit answering any questions.

Date: _____

I. PERSONAL INFORMATION:

Name: _____
Last First Middle

Present Address: _____
Street City State Zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Do you have a valid California License (Y/N): _____

Do you have access to reliable transportation (Y/N): _____

Person to notify in case of emergency: Name, address and phone): _____

Why do you want to be a Hospice Volunteer? _____

What experiences have you had with people who are seriously ill? What has been your reaction to the unpleasant physical aspects of serious illness?

What do you feel you have to offer Hospice patients and families?

Staff and volunteers are often involved with patients and family members whose belief systems and/or lifestyles are very different from their own. How do you think you would react in such a situation?

What kind of support system do you have for yourself? _____

How do you think volunteering with hospice will be rewarding to you?

What do you think will be the biggest challenge to you in working as a Hospice Volunteer?

Do you have any reservations about doing Hospice volunteer work? _____

At this time, are you willing to commit yourself to serve as a Hospice volunteer for one year? Yes No

II. EXPERIENCE

Employed (full or Part Time): _____ Retired (Y/N): _____

What kind of work did/do you do: _____

Professional Affiliations: _____

Organizations in which you have been active: _____

Volunteer experience: _____

Special skills: _____

Hobbies and Interest: _____

Categories of Volunteer Services (check those areas which you may be interested in):

- | | |
|--|--|
| <input type="checkbox"/> Visiting patients | <input type="checkbox"/> Office, clerical, and staff related |
| <input type="checkbox"/> Bereavement calls | <input type="checkbox"/> Fundraising activities |
| <input type="checkbox"/> Support phone calls | <input type="checkbox"/> Other: _____ |

Limitations: _____

Please list the days and hours that you are not available for volunteer service:

III. REFERENCES:

Please list two personal references:

Name:	Phone:
Address:	
Name:	Phone
Address:	

Signature

Date