Home Hospice
Serving Grayson, Cooke & Fannin Counties

HOME HOSPICE VOLUNTEER APPLICATION

Without volunteers, there would be no Hospice.

The information on this form will help us to use your particular abilities to the fullest extent. Your cooperation in completing this form is appreciated. Thank You!

General Information

Name_____Date_____

Address_____ City/State_____ Zip_____

Daytime phone_____ Home Phone_____

Email_____

Professional Data

Present Employer_____ Full time Part time

Address_____ City_____

Personal Data

Date of Birth_____

Educational Background_____

Other languages_____

Hobbies, Special Interests or Skills_____

_____

Relevant experience—either professional, personal or volunteer_____

_____

Optional

Spouse_____

Children's Names and Ages_____

_____

_____

_____

_____

Volunteer Information

How did you hear about Home Hospice?_____

_____

Why are you interested in working with Home Hospice?_____

_____

Please list other community activities (church, clubs or organizations)_____

_____

In what area would you prefer volunteering: **___Auxiliary** **___ Bear Hugs** **___Bereavement** **___Community/Booths** **___Deliveries** **___Food Committee** **___Legacy Project** **___Office** **___Patient Support** **___Pet Care** **___ Petal Pushers** **___Speaker's Bureau** **___Vet-to-Vet**

How many hours per week do you wish to devote to Hospice work?_____

Please place an "X" in the time slots you would be willing to volunteer for Home Hospice.

	S	M	T	W	TH	F	S
Morning							
Afternoon							
Evening							

Please indicate any patient circumstances in which you would prefer **not** to work -

Male Female Children AIDS Cancer Heart Disease

Alzheimer COPD Smokers Nursing Home On-call Other _____

REFERENCES

Give the names of three persons not related to you, whom you have known at least one year.

Name **Complete Mailing Address or E-Mail Address**

_____

_____

_____