



Hospice & Palliative Care of Cape Cod
 765 Attucks Lane
 Hyannis, Ma 02601
 508-957-0200
 1-800-642-2423

VOLUNTEER APPLICATION

 Name (Last First MI Home Phone

 Address (Street City State Zip E-Mail Address

Educational Level: High School College Graduate School
 Other Specialized Training _____

Are you currently employed? () Yes, full time () Yes, part time () No
 Can you receive calls at work: () Yes () No
 Employer _____ Job Title _____

Person to contact in case of an emergency:

Name: _____ Phone No. _____
 Address _____ Relationship _____

Work Experience: _____

Volunteer Experience:

Name of Organization _____ Type of Work _____ Date _____

**Please give two personal references including addresses and telephone numbers.
 (may not be family members)**

Name _____ Telephone Number _____
 Address _____

Name _____ Telephone Number _____
 Address _____

OVER

Identified Areas of Interest: (Training requirements vary from 3 hours to 20 hours)

Patient/ Family Care _____

In Home In Nursing Home In Facility Hospice House

Non-Patient Services _____

Thrift Shop Fundraising Clerical Events Data Entry Marketing
 Handy Man

Do you know a language other than English? Yes No

Language _____ Speak Read Write

Language _____ Speak Read Write

Other Special services: (manicurist, hairdresser etc.)

How did you hear about Hospice & Palliative Care of Cape Cod?

Why do you want to be a hospice volunteer? _____

Have you ever experienced any deaths in your own family or those close to you? () yes () no
Please describe your relationship to the person(s) and when they died:

Have you experienced a significant loss (i.e. death of a loved one, divorce, job loss, or other within the past two years? () yes () no

If yes, please describe how you think this would or would not impact on your work as a hospice volunteer.

Do you have access to transportation? Yes No

Any concerns you have about going into a patient or caregivers home such as smoking, allergies to animals, stairs etc. _____

(Please check all that apply)

Computer skills:

___ Windows for IBM compatible computers ___ Microsoft Word

___ Power Point- Other graphic programs _____

___ Microsoft Excel- Other spread sheet programs

___ Databases _____

Other _____

Areas or towns in which you wish to volunteer: _____

Other interests/skills/activities: _____

Please add any additional information about yourself that you feel might be helpful:

Declaration

I hereby certify that the statements made on this application are true and correct to the best of my knowledge. I understand that, by submitting this application I authorize inquiries to be made concerning my suitability as a volunteer.

Volunteer Signature

Date