



Hospice Volunteer Application Form

Date: _____

Personal Data: (please print clearly)

Name: _____

Maiden name if applicable _____

Address: _____

City: _____ State: ____ Zip code: _____

Email address: _____

Birthdate: _____ Social Security #: _____

Telephone: Home: _____ Cell: _____ Work: _____

How did you hear of this volunteer opportunity?

Person to Be Notified in Case of Emergency: _____

Relationship: _____

Home: _____ Work: _____

Area of Interest (check all that apply):

Johnson County _____

Lafayette County _____

Assignment Preference (check all that apply):

Patient Care Volunteer: _____



Bereavement Volunteer: ____

Errand Runner: ____

Junior Volunteer/Intern: ____

Other (Administrative/Office: (Specify any special Skills or abilities)

Other (Specify):

When are you available?

____ Daytime ____ Evenings ____ Weekends ____ Overnight

Can you give 3-4 hours per week? _____ If not, what is the amount of time you
can expect to give?

Schedule Preferences and/or Comments:

Education:

Education or Experience:

Please specify your field of study: ____

Are you currently in school? ____ Yes, full time ____ Yes, part time ____ No

Employment:



Are you currently employed? ___ Full time ___ Part time ___ No

If yes, what is your job?

Place of employment: _____

Current work schedule: _____

Experience:

What type of work have you done in the past?

___ Nursing ___ Teaching ___ Counseling ___ other (please specify)

1. _____

2. _____

3. _____

Have you done any Volunteer Work? ___ Yes, currently ___ Yes, in the past ___ No

If yes, please Specify:

Personal Experience:

Have you experienced any deaths in your family or of those close to you?

___ Yes ___ No

Please specify your relationship to the person(s) and when they died:

Expectations:

What do you anticipate receiving from a volunteer experience with the Johnson County Hospice Program?



What do you feel you can give to the Johnson County Hospice Program through volunteering?

References: (please provide complete addresses)

1. Name: _____

Address: _____

City: _____ State: ____ Zip: _____ Phone: _____

In what capacity and how long has this person known you?

2. Name: _____

Address: _____

City: _____ State: ____ Zip: _____ Phone: _____

In what capacity and how long has this person known you? _____

3. Name: _____

Address: _____

City: _____ State: ____ Zip: _____ Phone: _____

In what capacity and for how long has this person known you? _____



Additional Information/ comments: _____

The applicant accepted these terms.

As part of our commitment to quality and excellence, Johnson County Hospice will continue to maintain a safe, healthy environment for you by requiring all applicants to submit to a criminal history check. Please fill out the attached criminal background check form and submit it with a photocopy of your social security card. The photocopy will be shredded after it is processed. (check all that apply):

The foregoing statements are, to the best of my knowledge, true and correct. The Johnson County Hospice Program has my permission to obtain the data needed to support this application.

SIGNATURE: _____ Date: _____

Volunteer opportunities are available to all qualified applicants without regard to race, color, religion, gender, national origin, sexual orientation, age or disability.

Johnson County Hospice Program shall reserve the right to deny appointment of prospective volunteers as a result of the application, interview and/or training process.