

Hospice Care

PLEASE PRINT

Return to:
Rochester Regional Health Hospice Care
Volunteer Services
330 Monroe Ave
Rochester, NY 14607

Date: _____

Applicant / Family Data

Name: _____ Email: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Date of Birth: _____ Age: _____

Education

School(s) Attended	Degree	Major
_____	_____	_____
_____	_____	_____

Employment / Professional Affiliations

Occupation: _____ Employer: _____
Address: _____

Employment History:	Dates	Description of Work
_____	_____	_____
_____	_____	_____

Professional Affiliations / Honors:

Volunteer Information

Why do you want to be a Hospice Volunteer? _____

Time available for volunteering? ___ Days ___ Evenings ___ Weekends
Do you have previous volunteer experience? If so, please describe: _____

Please describe some of your special talents, attributes and skills: _____

Are you fluent in any languages other than English? If so, please list: _____

Volunteer Information (cont.)

What sort of work would you like to do for hospice? Check all that apply

- Volunteer service to patient and family (tasks such as respite, errands, companionship, support)
- Bereavement
- Hildebrandt
- Nursing Home Visits
- Office Work (data entry, mailings, filing)
- Quality Advocacy Phone Calls
- Veteran to Veteran
- Spiritual Support
- Music Volunteer
- Pet Therapy
- Reiki
- Massage Therapy

Has someone close to you died recently? *(if yes, please explain)* _____

References

Please list (3) references: (not relatives)

Name _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Phone _____
Email _____

Name _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Phone _____
Email _____

Name _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Phone _____
Email _____

Signature of applicant

Date

For Office Use Only

Interviewer's Comments: _____

Signature of Interviewer

Date