



# VOLUNTEER APPLICATION FORM

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip

**Preferred phone number:** \_\_\_\_\_ **Alt. phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Birth day (month/day):** \_\_\_\_\_ / \_\_\_\_\_ **Last 4 digits of SS#:** \_\_\_\_\_

**Availability (please mark):** Daytimes Evenings Mon Tue Wed Thurs Fri Sat Sun Flexible

**Preferred Volunteer Services where you wish to contribute your time** (please mark all that apply):

- Direct Patient Service    - Bereavement    -Administrative    -Fund Raising    -Memory Bear crafting
- Community Education    -Camp Jamie    -Social Events    -Music Comfort    -Massage Therapy    -Pet Therapy

**Other languages in which fluent (include ASL):** \_\_\_\_\_

**Most recent employment:**

\_\_\_\_\_/\_\_\_\_\_  
Company Name Dates

\_\_\_\_\_/\_\_\_\_\_  
Job Title/Main duties Phone number

**Most recent volunteer work (If none, you may list another past employer):**

\_\_\_\_\_/\_\_\_\_\_  
Organization Name Dates

\_\_\_\_\_/\_\_\_\_\_  
Job Title/Main duties Phone number

**Vehicle Information:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Make Model Year Tag #

\*I understand that it is preferred that I offer my Volunteer services to Hospice of Frederick County for at least six months if possible. My signature below also signifies that I have received and fully understand all pertinent Job/Position Descriptions (distributed during the interview process) and that all information on this application is true to the best of my knowledge. I also realize that I need 2 written references and to complete an Interview Form prior to scheduling an interview (forms included; at least 1 professional reference preferred - no family members, please)

\_\_\_\_\_  
**Signature** **Date**

\*HOFC reserves the right to DECLINE any applicant at the discretion of the staff. Thank you!

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OFFICE USE: Reference check(s) completed:  
Contact: \_\_\_\_\_ Date \_\_\_\_\_ Result \_\_\_\_\_

Contact: \_\_\_\_\_ Date \_\_\_\_\_ Result \_\_\_\_\_

**VOLUNTEER INTERVIEW DOCUMENTATION**  
(FEEL FREE TO WRITE ON THE BACK OF THIS FORM IF MORE SPACE IS NEEDED)

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Name \_\_\_\_\_ Date \_\_\_\_\_

- 1) What attracted you to volunteer with Hospice?
  
- 2) What, if any, personal experiences have you had with grief, loss, death and/or terminally ill people?
  
- 3) What coping skills do you use during painful or difficult times (such as when grieving) and/or where do you find comfort?
  
- 4) What are your specific interests or hobbies?
  
- 5) Are you able to make a commitment to be available for volunteering with Hospice? YES\_\_\_ NOT SURE\_\_\_  
Please list restrictions to your availability:
  
- 6) What does maintaining confidentiality mean to you?
  
- 7) Tell us about your work (or Volunteer) history and how on-the-job experiences you've had might help you as a Volunteer with Hospice.
  
- 8) Spirituality is often an important component of the dying process for many patients and their families. Are you comfortable working with or around people of various faiths or no faith? YES\_\_\_ NO\_\_\_ NOT SURE\_\_\_

Comments: \_\_\_\_\_

- 9) Are you able to prioritize the needs and expectations of patients, their families and/or the community above your own when volunteering on behalf of Hospice? YES\_\_\_ NO\_\_\_



## VOLUNTEER INTERVIEW DOCUMENTATION

(FEEL FREE TO WRITE ON THE BACK OF THIS FORM IF MORE SPACE IS NEEDED)

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**Direct Service:** Do you have any allergies or restrictions of which we should be aware?

YES \_\_\_\_\_ NO \_\_\_\_\_ If so, please explain: \_\_\_\_\_  
(ie. animals, smoking, environmental, unable to drive, health conditions, religious, etc)

**Direct Service:** Do you have any preferences/discomforts regarding the type of patient you are assigned?

YES \_\_\_\_\_ NO \_\_\_\_\_ If so, please explain: \_\_\_\_\_  
(ie: ages of patients, geographic locations, specific diseases, condition of home, etc )

**Admin:** Please rate your skill level, if any, with each of the following? (5=excellent, 0=none)

Data Entry \_\_\_\_\_ MSWord \_\_\_\_\_ Excel \_\_\_\_\_ PowerPoint \_\_\_\_\_ MSPublisher \_\_\_\_\_ Typing \_\_\_\_\_

**Admin:** Are you willing to help out with tasks that can be repetitive and/or mundane such as folding letters, stuffing envelopes, labeling envelopes, cutting out shapes, making Xerox copies, making folders/files, and so forth?

YES \_\_\_\_\_ NO \_\_\_\_\_ Restrictions: \_\_\_\_\_

**Community:** Are you comfortable talking with people about Hospice and its philosophy and programs in group settings, as a speaking engagement, etc? (We will provide education)

YES \_\_\_\_\_ NO \_\_\_\_\_ Restrictions: \_\_\_\_\_

**Community:** Are you comfortable with raising funds for Hospice? Might involve telephone calls, visits to local businesses, etc (no cold calls or 'sales')

YES \_\_\_\_\_ NO \_\_\_\_\_ Restrictions: \_\_\_\_\_

**Community:** Please circle the kind of Community Service work you might like to do for Hospice:

-Fundraising                      -Hosting Events                      -Phone Calls                      -Speaking Engagements

**Please list any concerns or questions you might have:**

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**Interviewer's comments:**

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**Interviewer's name, signature, date:** \_\_\_\_\_



## VOLUNTEER REFERENCE FORM

**Volunteer Applicants:** Please have your reference complete the following form. Though professional references are preferred, personal references are also permitted, but all references need to have known you for a minimum of 3 years and not be related to you. Please return the completed form or have your reference mail it to:

**Hospice of Frederick County, Attn. Volunteer Department, P.O. Box 1799, Frederick, MD 21702**

The following Volunteer Applicant \_\_\_\_\_ has applied to be a Volunteer with Hospice of Frederick County and has given your name as a reference. As a Volunteer, he/she may be working with patients and families. Since this is a position of responsibility and trust, we would appreciate your honesty in answering some questions regarding the applicant. If you would like to ensure confidentiality, please feel free to seal the form in an envelope before returning it to the applicant, or you may mail it directly back to Hospice at the address above. Thank you for your time and consideration.

Reference's name: \_\_\_\_\_

Reference's address: \_\_\_\_\_

Reference's phone: \_\_\_\_\_

How long have you known this applicant? \_\_\_\_\_

What is the nature of your relationship to the applicant? \_\_\_\_\_

<b>Please rate the applicant to the best of your knowledge:</b>	<b>Yes</b>	<b>No</b>
1. Is the applicant able to maintain confidentiality?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the applicant compassionate?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the applicant trustworthy?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the applicant a good listener?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the applicant have the ability to accept the differences of others?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the applicant reliable and dependable?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the applicant capable of accepting responsibility?	<input type="checkbox"/>	<input type="checkbox"/>
8. Can the applicant act in a professional manner?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the applicant able to accept supervision?	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any concerns regarding this applicant being in contact with terminally ill individuals and or their family members? If so, please explain (You may use the back of this form if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any additional comments you'd like to include in this reference? If so, please explain (You may use the back of this form if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reference's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_