

List previous and current volunteer work, including places, dates, and type of work performed:

List any special skills/hobbies/interests you have (*ex: genealogy, love of dogs, massage therapy, etc.*):

Do you drive? _____ Do you have a car at your disposal? _____

JOL Hospice volunteers are asked to make a commitment of at least one year, and are expected to be able to give four (4) hours a month when assigned/active. When will you be available?

| | <i>Morning</i> | <i>Afternoon</i> | <i>Evening</i> |
|----------|----------------|------------------|----------------|
| Weekdays | _____ | _____ | _____ |
| Weekends | _____ | _____ | _____ |

Holidays? (*circle*) Yes No

Please indicate the kind of work you would like to do:

_____ Direct contact with patient/family _____ Phone calls to bereaved families _____ Office Work

_____ Fundraising _____ Other: _____

If your interest is in direct patient care, would you prefer?

_____ Spur-of-moment work (*ex: "spot sitting" for patients/families as needs arise*)

_____ Work requiring more advanced notice (*ex: assignment to one particular case, in which you stay with that patient/family over an extended period of time.*)

_____ Facility Activities (*variety of activities with residents to brighten their days*)

If you have a preference, describe the type of patients you would most like to work with: _____

If you have a preference, describe the type of patients you would not like to work with: _____

Please state why you are interested in volunteering for JOL Hospice Austin and provide additional information about yourself which you consider helpful to us.

Personal References- Name, Phone, Relationship:
