

VOLUNTEER APPLICATION

Date: _____ Date of Birth: _____

Name: _____

Address: _____
Street City Zip Code

Home Phone: _____ Work Phone: _____

Email: _____ Cell Phone: _____

Preferred method of communication: ___ email ___ home phone ___ cell phone ___ text

Person to notify in case of emergency (*in Austin*):

<i>Name</i>	<i>Relation to You</i>	<i>Phone Number</i>
-------------	------------------------	---------------------

Current employment status: _____ Full time _____ Part time _____ Unemployed _____ Retired

Occupation: _____ Place of employment: _____

Are you a Veteran? _____ If so, which branch of service? _____

Highest Level of Education: (*Please check*)

- _____ Some or no high school
- _____ High school graduate
- _____ Some college/professional/technical school; number of years: _____
- _____ College/professional school graduate; Degree: _____
- _____ Post graduate work; Degree/Field of Study: _____

If you are currently attending college will you be returning "home" for summer and school breaks? yes ___ no ___

If "home" is in our service area, will you consider seeing patients in that area if possible? yes ___ no ___

Where is home? _____

Foreign languages spoken and degree of fluency: _____

Gender: (*circle*) Male Female Prefer not to answer

Professional Certifications or Licenses: _____

Describe your general health in the past year: _____ Good _____ Fair _____ Poor

Do you anticipate any major changes in your life in the coming year? _____ If yes, please explain:

Have you experienced any deaths in your family or those close to you? _____ If yes, specify your relationship with deceased and give the date of death. _____

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? (<i>circle</i>)	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.

Two Personal References- Name, Phone, Relationship:

Signature of Applicant _____ Date: _____