



3916 S. Crater Road
Petersburg, VA 23805
(804) 526-4300

www.cratercommunityhospice.org

HOSPICE VOLUNTEER APPLICATION

Hospice provides support and care for persons in the final stage of incurable disease so that they may live as fully and as comfortably as possible. Hospice recognizes dying as part of the normal life process and focuses on maintaining the quality of life remaining. Hospice affirms life and neither hastens nor postpones death. Hospice offers palliative care to terminally ill people and their families 24 hours a day, 7 days a week, including physical, social, spiritual and emotional care, utilizing a medically-directed interdisciplinary team consisting of professionals and volunteers.

PLEASE RETURN COMPLETED APPLICATION TO ADDRESS ABOVE.

PERSONAL INFORMATION:

NAME: _____
 LAST FIRST MIDDLE

PRESENT ADDRESS: _____
 STREET

 CITY STATE ZIP

PHONE NUMBERS: _____
 HOME WORK CELL

BIRTHDATE: _____
 MONTH DAY YEAR

EDUCATION: (LIST SCHOOL COMPLETIONS, VOCATIONAL TRAINING & DEGREES) EXCLUDE ORGANIZATIONS THAT THE NAME OR CHARACTER, OF WHICH INDICATE THE RACE, CREED, SEX, MATITAL STATUS, AGE, COLOR, OR NATIONAL ORIGIN OF ITS MEMBERS.

EMPLOYMENT AND OR RETIREMENT:

ARE YOU CURRENTLY EMPLOYED? ___ YES ___ NO

PLEASE LIST YOUR CURRENT/LAST EMPLOYER

BUSINESS NAME

STREET ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

POSITION

START DATE UNTIL LAST DAY

IF YOU WERE EMPLOYED LESS THAN 3 YEARS AT LISTED ABOVE
EMPLOYER PLEASE LIST YOUR PREVIOUS EMPLOYER.

BUSINESS NAME

STREET ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

POSITION

START DATE UNTIL LAST DAY

RETIREMENT INFORMATION:

DID YOU RETIRE FROM A BUSINESS OR THE MILITARY?

_____ YES _____ NO

PLEASE PROVIDE YOUR RETIREMENT INFORMATION.

BUSINESS

STREET ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

POSITION

START DATE UNTIL RETIREMENT DATE

REFERENCES (NAME, ADDRESS, AND PHONE NUMBER)

1. _____

2. _____

3. _____

MAY WE CONTACT YOUR CURRENT EMPLOYER AND OR RETIREMENT AGENCY?

_____ YES _____ NO

SIGNATURE AND DATE FOR AUTHORIZATION TO CALL.

SIGNATURE

DATE

VOLUNTEERING INFORMATION:

WHY ARE YOU INTERESTED IN VOLUNTEERING WITH CRATER COMMUNITY HOSPICE?

HOW DID YOU HEAR ABOUT OUR PROGRAM?

IN ORDER TO BE A VOLUNTEER WITH CRATER COMMUNITY HOSPICE YOU MUST FIRST SUCCESSFULLY COMPLETE OUR TRAINING PROGRAM. WHICH TIME PERIODS WOULD YOU PREFER?

_____ WEEKDAYS _____ EVENINGS _____ WEEKENDS

PLEASE TELL US ABOUT ANY PREVIOUS OR CURRENT VOLUNTEER EXPERIENCES.

VOLUNTEER AREAS OF PRIMARY INTEREST:

____ PATIENT/FAMILY CONTACT ____ OFFICE SUPPORT
____ COMMUNITY LIAISON ____ SPECIAL EVENTS
____ HEALTH FAIRS ____ BEREAVEMENT

HAS ANYONE IN YOUR FAMILY BEEN SUPPORTED BY A HOSPICE PROGRAM? ____ YES ____ NO

IF YES PLEASE LIST RELATIONSHIP AND DATE.

RELATIONSHIP

DATE

PLEASE TAKE THIS OPPORTUNITY TO TELL HOW YOU HEARD ABOUT CRATER COMMUNITY HOSPICE AND WHY VOLUNTEERING WITH US IS IMPORTANT TO YOU.

WE APPRECIATE YOUR INTEREST IN VOLUNTEERING WITH CRATER COMMUNITY HOSPICE. ALL INFORMATION PROVIDED IS KEPT IN CONFIDENCE AND IN A SECURE LOCATION. PLEASE DO NOT HESITATE TO CALL US IF YOU REQUIRE ANY ASSISTANCE IN COMPLETING OUT THIS APPLICATION.

YOUR SOCIAL SECURITY NUMBER _____ - _____ - _____

SIGNATURE

DATE

Thank you!



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