



**California Pacific
Medical Center**

A Sutter Health Affiliate



VOLUNTEER APPLICATION FOR COMING HOME HOSPICE

Name:	Home Phone:
Address:	Work Phone:
City:	Cell Phone:
State & Zipcode:	Email:
Occupation:	

Education	Degree	Major

Volunteer Experience	Dates	Type of Work	Supervisor/Contact

Other Experience:

Special Skills & Interests:

Religious/Spiritual Tradition	Foreign Language(s)

Do you own a Car?	Drivers License #	Insurance Co.

Do you have any health problems? If yes, describe:

(See other side)

**Do you know anyone who works or has worked with hospice programs? If so, who?
Name of hospice?**

Are you grieving a death in the last year?

Type of volunteer service you would like to perform:

<input type="checkbox"/> Patient Care	<input type="checkbox"/> Reception	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Hair/Nails	<input type="checkbox"/> Other
<input type="checkbox"/> Office	<input type="checkbox"/> Massage *	<input type="checkbox"/> Notary		
	* Must be certified			

Availability:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Days							
Evenings							
Weekends							

How did you hear about us?

On a separate piece of paper, in essay form, please address the following questions:

- What has been your experience with serious or terminal illness? How has it affected your life?
- What are your personal feelings about grief and the grieving process?
- What are your feelings about HIV/AIDS and cancer? Have these illnesses affected you or someone you love and care for?
- Do you have any fear of contracting AIDS or cancer by working with residents who have AIDS or cancer?
- Who are the kinds of patients you anticipate having the most difficulty working with and why?
- How do you respond to feelings of helplessness in yourself and others?
- Do you feel you will be able to honor your one year commitment and give the time and energy hospice work requires?
- What one statement best expresses your desire to volunteer at Coming Home Hospice?

Please list two references:

Name:	Phone #
Address	City/State/Zip
Name:	Phone #
Address	City/State/Zip

Emergency Contacts

Name	Relationship	Phone Number

Signature:

Date:

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