



## Volunteer Application

Thank you for your interest in becoming a Hospice volunteer. Please fill out the form below to apply for a position with us. Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, creed, color, national origin, religion, age, sex, handicap, veteran status, marital status, sexual orientation, or any other characteristic protected by law.

The field descriptions in **PURPLE** text are required.

<b>First Name:</b> _____	<b>Last Name:</b> _____
<b>Address:</b> _____	<b>City:</b> _____
<b>State:</b> _____	<b>Zip:</b> _____
<b>Home Phone:</b> _____	<b>Cell Phone:</b> _____
<b>Work Phone:</b> _____	<b>Employer:</b> _____
<b>Occupation:</b> _____	<b>Working Hours:</b> _____
<b>Are you under 18?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Birthday:</b> _____

**Briefly describe the type of work you do:**

\_\_\_\_\_

\_\_\_\_\_

**Hours per week available:**  Days \_\_\_\_\_  Evenings \_\_\_\_\_  Weekends \_\_\_\_\_

### Education

**Highest Grade Completed:** \_\_\_\_\_

### Experience

List experiences you believe would be helpful to you in hospice volunteering, i.e. schooling, work, volunteer experience, office skills, arts and crafts, etc.

\_\_\_\_\_

\_\_\_\_\_

### Areas of Interest

Please circle areas of interest.

**Direct**

- Patient/Family Visits
- Relieve Primary Caregiver
- Write Letters
- Shopping
- Feeding Patients
- Bereavement Follow-Up

**Indirect**

- Office Assistance
- Computer Work
- Speakers Bureau
- Crafts for Patients
- Music or Entertaining
- Helping with Hospice Events



## Personal Information

- How did you hear about LightBridge? \_\_\_\_\_
- Why do you wish to be involved with Hospice? \_\_\_\_\_
- Please describe any volunteer work you've participated in: \_\_\_\_\_
- I prefer not to work with the following types of patients: \_\_\_\_\_
- Has someone close to you died within the past year?  Yes  No \_\_\_\_\_
- Have you had experience with the terminally ill?  Yes  No \_\_\_\_\_
- What do you like about yourself? \_\_\_\_\_

• **Religious Affiliation:** \_\_\_\_\_  
(Optional. It assists us in proper placement of our volunteers. We serve patients regardless of religious affiliation.)

- Do you speak any foreign languages?  Yes  No \_\_\_\_\_
- Have you ever been convicted of a felony within the last 7 years?  Yes  No  
(A conviction will not necessarily disqualify you from volunteering.)
- Do you have available transportation for your volunteer work?  Yes  No
- Do you possess a valid driver's license?  Yes  No

**It is the policy of LightBridge Hospice to check employee's and volunteer's Department of Motor Vehicle's driving record upon hire and on an annual basis. An individual will not be eligible for hire or continued employment if they:**

- Have had more than three (3) moving violations or more than one chargeable accident in the past 36 months.
- Have had a major conviction (driving under the influence of alcohol or drugs) within the past 7 years.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## References

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Years Known:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Years Known:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

## Emergency Contact

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
**Physician:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_