



HOSPICE AUSTIN™

4107 Spicewood Springs Road, Suite 100
Austin, TX 78759
(512) 342-4700 FAX (512) 342-4796

Volunteer Application

Note: After completing this application, you will need to call the Volunteer Coordinator to schedule your interview. You may mail the application to Hospice Austin or bring it with you to the interview.

Date: _____ **Date of Birth:** _____

Name: _____

Address: _____
Street City Zip Code

Home Phone: _____ **Work Phone:** _____

Email: _____ **Cell Phone:** _____

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

Name Relation to You Phone Number

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

Occupation: _____

Place of Employment: _____

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: _____

Foreign languages spoken and degree of fluency: _____

Gender: (*circle*) Male Female

Marital Status: _____ Spouse's Name: _____

Religious Affiliation: _____ Denomination: _____

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

On whom do you call for support? _____

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? _____

Driver's license: State _____ Number _____

Hospice Austin volunteers are asked to make a **commitment of at least one year**, and are expected to be able to give four (4) hours a week 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*)
_____ Bereavement work (*providing support to families after the patient's death*)

If you have a preference, describe the type of patients you would most like to work with (*ex: young, elderly, multicultural, AIDS, etc.*): _____

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 Hospice Austin and provide additional information about yourself which you consider helpful to us.



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Volunteer Reference Letter

I. Volunteer Applicant fills in the following information:

I, _____ authorize _____
Volunteer Applicant Name *Name of Person giving reference*
to give a personal reference of myself to Hospice Austin.

Signature of Volunteer Applicant

Date

II. Person giving the reference completes the following information:

Name: _____

Telephone: _____

1)How long have you known the above person? _____

2)In what capacity have you know him/her? _____

3)What is your sense of his/her coping skills in working with dying patients?

4)Other comments:

Signature of person giving reference

Date

Please return this reference letter to:

Hospice Austin
Volunteer Department
4107 Spicewood Springs Rd, Suite 100
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