



VOLUNTEER APPLICATION

Note: After completing this application, YOU WILL NEED TO CALL THE VOLUNTEER COORDINATOR TO SCHEDULE YOUR INTERVIEW. Please bring your application 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: _____

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: _____

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? _____

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? (circle) | 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.



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: _____ Phone: _____

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
Austin, TX 78759



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Austin, TX 78759