



VOLUNTEER APPLICATION

Note: After completing this application, YOU WILL NEED TO EMAIL THE VOLUNTEER COORDINATOR (gsmith@hospiceaustin.org) 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: music, love of dogs, massage therapy, hair stylist, 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>
Weekdays _____	Weekdays _____
Weekends _____	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, nursing homes, 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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