



## VOLUNTEER APPLICATION

**Note:** After completing this application, YOU WILL NEED TO EMAIL THE VOLUNTEER COORDINATOR ([gsmith@hospiceaustin.org](mailto: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
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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. \_\_\_\_\_

\_\_\_\_\_



Hospice Austin  
Your comfort. Our calling.

List previous and current volunteer work, including places, dates, and type of work performed:

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List any special skills/hobbies/interests you have (*ex: genealogy, love of dogs, massage therapy, etc.*):

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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 up to four (4) hours a week when assigned/active. Generally, 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

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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

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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.  
Austin, TX 78759



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\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) Other comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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