

Hospice Volunteer Application

If you receive an electronic copy of this application, please print it out and then complete it.

Name (Please print)		
Email Address	Birth date	
Phone Numbers (<i>Circle Cell or Home to indicate your primary number</i>)		
Cell	Home	
Street Address		
City/State/Zip		
Circle one: <i>Present</i> or <i>Former</i> Occupation:		
Present or Former Employer Name:		
Are you currently? <i>Retired</i> <i>Not currently working</i> <i>Student</i> If a student, which school do you attend?		
Marital Status	Sex (circle - M or F)	Religious Affiliation (optional)
Emergency Contact <i>Name</i> and <i>Phone #</i> (circle <i>Cell</i> or <i>Home</i>)		Relationship to you

Please describe your most recent work and/or volunteer experience(s):

Name of organization/company	Dates	Type of experience

Describe your education:

Describe your computer skills, if any:

List any hobbies that you enjoy:

Describe any physical limitations you have that should be considered when deciding your placement:

Have you ever been convicted of a crime? If yes, please explain:

What has been your experience with illness and/or dying? Perhaps you have had a serious illness yourself or have had a close family member or friend die? (How long has it been since they passed away?) Has any of your experience been hospice-related?

How many miles are you willing to travel from your home to a placement? _____
Do you have any other travel restrictions?

How did you hear about Olathe Health Hospice and our volunteer needs?

Place an X by the volunteer area(s) which seem most interesting to you:

<input type="checkbox"/>	One-to-One Patient Care and Comfort
<input type="checkbox"/>	Hospice House Assistant
<input type="checkbox"/>	Office / Clerical Duties
<input type="checkbox"/>	Chaplaincy
<input type="checkbox"/>	Sewing/Crafts / Music / Pet Therapy / Massage Therapy
<input type="checkbox"/>	Family Meals / Special Events / 11 th Hour Help
<input type="checkbox"/>	Other (describe):

Circle the days/times that you are available to volunteer at the current time:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening

Circle your 'best fit' response to the following statements:

1. I enjoy a busy placement where I can multi-task.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
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2. I prefer one-to-one interaction and communication with patients/families.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
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3. I do well in a crisis situation.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
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4. I prefer a placement where I receive ongoing supervision and support.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
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5. I prefer a placement where I am self-supervised and independent.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
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6. I am a cigarette smoker.

Yes	No	Prefer Not to Answer
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7. I don't mind a placement where I am exposed to cigarette smoke for a few hours.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
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8. I am willing to tidy up and/or prepare a simple meal for a patient.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
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9. I enjoy the company of animals and am comfortable when a pet is present, as long as they are no danger to my safety.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
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10. I am comfortable around illness.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
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11. I am comfortable touching a patient and providing direct patient care.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
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12. I can keep calm in an unfamiliar situation and know when to help and when to step back.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
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13. I am okay in the presence of bodily fluids, as long as I have been trained on how to stay safe.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
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Signature _____

Date: _____

On a separate piece of paper, please provide three personal or professional references. Provide their name, relationship to you, place of employment or volunteer location (if the reference is professional), phone number, and email address. Please do not use a family member as a reference.

Please drop off or mail your application and list of references to this address:

Olathe Health Hospice Care
Attn: Volunteer Coordinator
Southpark Medical Plaza 1
20920 W. 151st St, Suite 204
Olathe, KS 66061

Should you have any questions, please call our hospice office at (913) 355-8515.

Thank you for your interest in volunteering with Olathe Health Hospice!