



KRMC Hospice Volunteer Application

812 Airway Ave

Phone: (928) 681-8710 Fax: (928) 681-8712

The following questions are being asked for the purpose of placement with patients/families and within Hospice. Please understand it is optional whether or not you answer the questions. All information will be held in strictest confidence.

Name _____

Home Address _____

Mailing Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Are you at least 18 years old? _____ Yes _____ No Birthday _____ (month & date only)

When you become a volunteer, when would you be available?

_____ Days _____ Evenings _____ Weekends _____ Flexible

Do you have an allergic reaction to or can you be in a home with:

_____ Dogs _____ Cats _____ Smoking

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name _____ Telephone _____

EMPLOYMENT HISTORY

Occupation _____ Current Employer _____

May we contact you at work? ___ Yes ___ No

VOLUNTEER EXPERIENCE

Previous volunteer work? ___ Yes ___ No Where? _____

Prior Experience with hospice program? ___ Yes ___ No If yes, please elaborate _____

SPECIAL SKILLS/HOBBIES

- Carpentry Fundraising Photography Computer Data Entry
- Cooking Counseling Gardening Music
- Receptionist Teaching Arts & Crafts Public Speaking
- Yard Work Scrapbooking Sewing Foreign language_____

Other: _____

REFERRAL SOURCE

How did you hear about KRMC Hospice?

- Newspaper article Newspaper advertisement Community presentation
- Radio/TV Church announcement Personal Experience

Personal referral from: _____

YOUR EXPERIENCE WITH DEATH AND DYING

Have you experienced the deaths of family members or others close to you? Was the death recent?

After completing your application, please sign, date and return the form to the Joan & Diana Hospice Home. Thank you for your interest in volunteering!

I acknowledge that the responses in this application form are true to the best of my knowledge. When you become a hospice volunteer we are required to run background checks on all volunteers. Direct patient contact is contingent on the receipt of background approval.

Applicant's signature _____ **Date** _____