

# Hospice Volunteer Application



Once we receive your completed application, we will call you to schedule an informal interview at your convenience. Please return the completed application to:

**Cascade Hospice – Volunteer Services**  
**2650 Suzanne Way, Suite 200**  
**Eugene, OR 97408**  
**[skirkpatrick@cascadehealth.org](mailto:skirkpatrick@cascadehealth.org)**  
**541-228-3081 p 541-228-3182 f**

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Name Phone Date

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Address/City/Zip Code

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Email Date of Birth

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Occupation Employer Employer Phone

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Emergency Contact/Name/Phone

For your protection, do you have any health problems or limitations that need to be considered for a volunteer assignment? \_\_\_\_\_

Do you have a car?  Yes  No

Do you have a current driver's license?  Yes  No

When are you most available:  Mornings  Afternoons  Evenings  M-F  Weekends

Are you a Veteran?  Yes  No

Volunteer bedside companions may be asked to give up to 4 hours/week. Can you meet this requirement?  Yes  No

Are you prepared to give one year of service to this Hospice program?  Yes  No

How did you learn about Cascade Hospice? \_\_\_\_\_

**Recent Work Experience:** Include Employer (most recent first) Dates of Employment & Position

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**References:** List three people who are not related to you and can speak to your character.

Please include at least one professional reference.

**Name - Relationship - Phone #**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Volunteer Experience:** List any previous volunteer experience.

**Dates – Organization - Description**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Other skills, interests or hobbies you'd like to share with patients:

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Foreign language (please note if you speak, write and/or read):

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It is interesting to know about each hospice applicant and your interest in death and dying. Please list any readings you have done on the subject of death/dying, courses or seminars you've taken. Please note: *This is **not** a requirement to be a hospice volunteer.*

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Have you had a personal experience being seriously ill? Please explain.

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Has anyone close to you ever had a serious illness? Please share.

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Did the illness result in death? If yes, how recently? \_\_\_\_\_

How were you affected by this loss?

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What major changes have occurred in your life during the past year? (Divorce, major relationship change, move, job change, death of someone close to you) How is this change affecting you now?

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How do you see yourself as a Hospice Volunteer and tell us why do you want to become involved with Hospice at this time?

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Date application received \_\_\_\_\_