



Hospice

Hospice Volunteer Application and Questionnaire

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
2650 Suzanne Way, Suite 200
Eugene, OR 97408
skirkpatrick@cascadehealth.org
(541) 228-3081 Fax (541) 228-3182

Name Phone Date

Address/City/Zip Code

Email Date of Birth

Occupation Employer Employer Phone

Emergency Contact Name and 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

Specific days/times _____

The average number of hours you are to give weekly *when* you have a patient would be 4 hours/week.

Can you meet this requirement? Yes Are you prepared to give *one* year to this Hospice program?

Yes No

How did you learn about Cascade Hospice?

RECENT WORK EXPERIENCE:

Employer (most recent first) **Dates** **Position**

REFERENCES (Please 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:

Dates – Organization - Description

1. _____
2. _____
3. _____
4. _____

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

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

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

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

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

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

How were you affected by this loss?

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?

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

Date application received _____