

Hospice Volunteer Application

Cascade Health Hospice



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 Health Hospice – Volunteer Services
2650 Suzanne Way, Suite 200
Eugene, OR 97408
pfeist@cascadehealth.org

Date: _____

Name: _____ Date of Birth: _____

Preferred Name (if different): _____

Pronouns: He/Him/His She/Her/Hers They/Them/Theirs Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Main Ph: _____ Hm Cell Work OK to leave msg? Yes No

Email: _____

Occupation: _____

Employer _____ Employer Phone _____

Emergency Contact Name: _____ Phone: _____

For your protection, do you have any health problems or limitations that need to be considered for a volunteer assignment? No Yes: _____

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 serve up to 4 hours/week. Can you meet this requirement? Yes No

Are you prepared to give one year of service to Cascade Health Hospice? Yes No

How did you learn about Cascade Health Hospice? _____



Recent Work Experience Please list your employer (most recent first), dates of employment and position:

1. _____
2. _____
3. _____

References Please list the name, relationship and phone number of three people who are not related to you and can speak to your character. Please include at least one professional reference.

1. _____
2. _____
3. _____

Volunteer Experience Please list any previous volunteer experience and include the dates, organization and description of your duties.

1. _____
2. _____
3. _____

Skills, interests or hobbies you'd like to share with patients: _____

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

What is your familiarity with/interest in the subject of death and dying? Please list any readings, courses or seminars you've taken. Please note that this is not a requirement to be a hospice volunteer.

Have you had a personal experience being seriously ill? If yes, please describe your experience. No Yes:



Has anyone close to you ever had a serious illness? If yes, please describe your experience. No Yes:

Did the illness result in death? If yes, how recently? No Yes: _____

How were you affected by this loss? _____

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

Why do you want to volunteer with hospice and how do you see yourself contributing to improving people's lives?

Date received: _____
