

Volunteer Application

Thank you for your interest in becoming a volunteer for Hospice & Palliative Care of Louisville. The following will provide us with a clear understanding of your interest and skills. Some questions may be personal and private; however, this information has proven helpful in making volunteer assignments. Please return this form to Fax: (502) 719-8913, or mail to Volunteer Services, Hospice & Palliative Care of Louisville, 3532 Ephraim McDowell Drive, Louisville, KY 40205. For further info, call (502) 719-4155 or (502) 719-4153.

Identification

Name: _____ Phone: _____ Cell #: _____
 Address: _____ City: _____ State: _____ Zip: _____
 How long have you lived in this state? _____ Work Phone: _____
 E-mail: _____ What is the best way to contact you? _____
 Have you ever been convicted of a felony (excluding any sealed or expunged convictions)? **Yes** or **No**
 (Note: No applicant will be denied volunteer opportunities solely on the grounds of a conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance to the volunteer opportunity may, however, be considered.)
 If yes, please explain: _____

Education/Employment

Please check highest level completed: _____ Some or no high school _____ High school graduate
 _____ Some college/technical school* _____ College graduate*
 _____ Post graduate work*
 * Please specify field of study and/or degree: _____
 Are you currently employed? **Yes** **No** full time? **Yes** **No** part time? **Yes** **No**
 Place of employment: _____ Position: _____
 Hours? _____ Is it OK for us to call you at work? **Yes** **No**
 Are you a licensed professional? **Yes** **No** Please Specify: _____

Experience

Have you volunteered for other organizations? **Yes** **No**
 Please list the organization(s) and length(s) of service.

Organization	Length of Service
_____	_____
_____	_____
_____	_____

What type of work experience have you had in the past? _____

Special Skills & Hobbies

Do you speak a second language? **Yes** **No** Please specify: _____
 Please circle all that match your interest and skills:

- | | | | |
|------------------------|----------------|---------------------------|----------------------|
| Computer | Music | Light housekeeping | Pet Care |
| Typing | Drama | Hairdressing | "Fix-it jobs" |
| Public Speaking | Cooking | Errands | |

Personal Experiences with Death or Loss

Have you experienced any deaths in your immediate family or of those close to you? _____

Please specify relationship(s) and date(s) of deaths: _____

In the past 12 months, have you experienced a significant change or loss? (i.e., death, divorce, separation, recent move, change in job, etc...) **Yes No** Please specify: _____

Availability

Do you drive? **Yes No** Do you have a car available to you? **Yes No Sometimes**

Are you available for long-term assignments (ongoing patient/family contact for 1-6 months)? **Yes No**

Approximately how many hours could you donate a week? _____ per month? _____

Are you available for short-term assignments (one time contact, events, errands)? **Yes No**

Are you available to volunteer (Circle all that apply): **Days Evenings Weekends**

Are you available to volunteer (Circle one): **Regularly Occasionally Unsure**

Reason For Volunteering

Why do you want to volunteer for the Alliance of Community Hospices? _____

Referral Source

How did you learn or hear about Hospice & Palliative Care of Louisville?

_____ Personal experience with Hospice _____ Community Presentation _____ TV/Radio
_____ Hospice Volunteer or Staff _____ Flyer/Brochure _____ Newspaper
_____ Other (Please Specify): _____

References

Please identify 3 personal references with **COMPLETE** addresses and phone numbers:

Name: _____ Phone #: _____

Address: _____

City, State, Zip Code: _____

Name: _____ Phone #: _____

Address: _____

City, State, Zip Code: _____

Name: _____ Phone #: _____

Address: _____

City, State, Zip Code: _____