

GENERAL INFORMATION

Applicant Full Name: _____ Date: _____

Social Security #: _____

Address: _____

Home Phone: _____ Work Phone: _____

Hours when you may be contacted: _____

Emergency Contact: _____ Relationship: _____

Phone Number(s): _____

EMPLOYMENT

Current Employer: _____ Phone: _____

Position: _____

May we contact you at work? ___ Yes ___ No

If not currently employed, do you expect to work in the near future?

___ Full-Time ___ Part-Time ___ No ___ Undecided

Please specify any work you have done in the past that might be helpful as a Hospice Volunteer:

What skills or passions do you wish to contribute to being a Hospice Volunteer (examples: gardening, reading, cooking, office assistance, event planning)?



**Pioneer Memorial Hospice
Volunteer Application**

EDUCATION

Do you have a high school diploma or equivalent? ___ Yes ___ No

Have you attended any college/professional technical schools? ___ Yes ___ No

Name of School	Field of Study	Units Earned	Degree Earned

Future Education? ___ Yes ___ No ___ Full-Time ___ Part-Time

PREVIOUS VOLUNTEER WORK

Are you currently, or in the past, been involved in volunteer work? ___ Yes ___ No

Type of Volunteer Work	Approximate Dates



HEALTH

How would you describe your overall health? ___ Good ___ Fair ___ Poor

Do you have any physical restrictions that might affect your placement as a volunteer? ___ Yes ___ No

If yes, please specify:

Have you ever had a catastrophic illness? (cancer, heart attack, stroke, etc)?
___ Yes ___ No

If yes, please specify type of illness and date:

TRANSPORTATION

Do you have an Oregon Driver's License? ___ No ___ Yes License #: _____

Do you have an automobile at your disposal? ___ Yes ___ No

Do you have automobile insurance with excess liability coverage (\$100,000)
___ Yes ___ No

AVAILABILITY

How often are you available to work as a volunteer?

___ Once/week ___ Several times/week

___ Less than 2 hours/week ___ More than 2 hours/week

What hours are you available?

___ Daytime ___ Evenings ___ Weekends



SKILLS/HOBBIES

Do you know a foreign language? ___ Yes ___ No

If yes, please specify: _____

Language proficiency is: ___ Reading ___ Writing ___ Verbal

Will you work with a person of foreign descent? ___ Yes ___ No

What are you skills/hobbies?

___ Nursing ___ Counseling ___ Hairdressing ___ Public Speaking ___ Typing

___ Reading ___ Writing ___ Cooking ___ Event Planning ___ Touch Therapy

___ Music ___ Drama ___ Teaching ___ Arts & Crafts ___ Sports

___ Cultural/Religious Guide ___ Aroma Therapy ___ Recording Personal History

___ Fundraising Efforts ___ Office Support ___ Bereavement Support ___ Other

If other, please specify: _____

Have you ever experienced the death of a close relative or friend? ___ Yes ___ No

Relationship	Date



PERSONAL DATA

(This information will be used to help match volunteers with hospice clients).

Sex: ___ Female ___ Male Birthdate: _____ Children? ___ Yes ___ No

If yes, please list ages of children living at home: _____

Religious preference: ___ Protestant ___ Catholic ___ Jewish ___ None ___ Other

If other, please specify: _____

REFERENCES

We request three reference for all volunteers. Please provide the following:

Name: _____ Relationship: _____

Address: _____

Phone: _____

Name: _____ Relationship: _____

Address: _____

Phone: _____

Name: _____ Relationship: _____

Address: _____

Phone: _____



PRE-PLACEMENT QUESTIONNAIRE

Directions: For each questions, please check one answer that best describes you, and most closely matches your personality. Be as honest with yourself as you can. All information is confidential.

My main reason for volunteering is:

- the desire to contribute to my community;
- the desire to help others;
- the desire to feel useful and needed;
- the desire to develop new skills that will help me in the future;
- the desire to utilize my specialized knowledge and skills;
- to gain health career information;
- to have fun;
- to meet people, and expand my contacts;
- to keep busy;
- to fulfill a requirement for a course, a job, or a professional group; and/or
- to build a resume of transferable experience.

I am more outgoing.

I am more Introverted.

I usually remain calm under pressure.

I usually get excited under pressure.

I usually take criticism constructively.

I am usually sensitive, and personally hurt by criticism.

I am comfortable communicating with people from backgrounds different from my own.

I am uncomfortable communicating with people from backgrounds different from my own.

I can set priorities easily, and I am organized.

I am not terribly organized, and have difficulty setting priorities.

I would be upset and uncomfortable around an older, confused patient.

I am understanding and patient, and accepting of an older, confused patient.

I am a worker.

I am a boss.



**Pioneer Memorial Hospice
Volunteer Application**

___ I like to stand and walk for long periods.

___ I prefer to sit and do work.

___ I am a leader.

___ I am a follower.

Where did you learn of the hospice volunteer program?

APPLICATION SUBMISSION

Additional Documents Required:

Copy of Driver's License

Proof of Liability Insurance (Vehicle)

Please complete this application in its entirety and return to:

Email: Jackie Alleman, Hospice Volunteer Coordinator, jacquelinea@moco hd.org

Mail: Pioneer Memorial Hospice, PO Box 9, Heppner, OR 97836

Drop-off application at: Pioneer Memorial Hospice, 162 Main Street, Heppner, OR 97836

All of the above information is used to determine eligibility to participate in the Pioneer Memorial Hospice Volunteer Program, and to assist with appropriate assignments.

This signature certifies that the above information to be accurate and authorizes verification of this information.

Signature: _____ **Date:** _____

For Office Use Only:

Start Date as Hospice Volunteer: _____

