



## Volunteer Application

Thank you for your interest in volunteering with Haven Hospice. Please complete this form by **PRINTING** all information and return it to the volunteer office nearest you.

Check the location where you want to volunteer:

Chiefland  Gainesville  Jacksonville  Lake City  Palatka  St Augustine

Name: \_\_\_\_\_

Address (street and mailing address): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ email: \_\_\_\_\_

Phone: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you learn about us? \_\_\_\_\_

### **Areas of Interest**

Please indicate your areas of interest in Haven Hospice volunteer service (list as many as you would like):

- |  |   |
|--|---|
| <input type="checkbox"/> Attic                               | <input type="checkbox"/> Licensed Massage Therapy   |
| <input type="checkbox"/> Bereavement                         | <input type="checkbox"/> Office Support             |
| <input type="checkbox"/> Community Outreach/Speaker's Bureau | <input type="checkbox"/> Patient/Family visitation* |
| <input type="checkbox"/> Development/Special Projects        | <input type="checkbox"/> Pastoral Care              |
| <input type="checkbox"/> Haven Medical Equipment             | <input type="checkbox"/> Pet Therapy                |

### **Availability**

Are you a permanent resident in this area?  No  Yes,

If no, what months are you available? \_\_\_\_\_

*Please provide your out-of-town address if you wish to remain on our mailing list:* \_\_\_\_\_

What hours are best for you to volunteer?  Daytime  Evening  Weekends

\* Maximum distance you would be willing to drive to visit a patient/family? \_\_\_\_\_ miles



## Volunteer Application

---

### **Volunteer Experience**

Please list your past and current volunteer activities: \_\_\_\_\_

---

Have you had any experience with group activities, such as group therapy, bereavement groups or self-help groups, with adults and/or children?  No  Yes, please explain: \_\_\_\_\_

---

### **Special Skills**

Are you fluent in any language other than English?  No  Yes, please specify: \_\_\_\_\_

Are you fluent in American Sign Language?  No  Yes

Please describe any special skills, experiences, hobbies and/or interests you feel would be of special value in hospice service and that you would be willing to share: \_\_\_\_\_

---

### **Employment**

Current job title: \_\_\_\_\_ Retired?  No  Yes

Employer: \_\_\_\_\_  Full-time  Part-time Years at present job: \_\_\_\_\_

Previous employment: \_\_\_\_\_ Years at previous job: \_\_\_\_\_

### **Education**

High school graduate  College graduate  Graduate degree  Professional degree

Field of study: \_\_\_\_\_ Professional certifications: \_\_\_\_\_

Are you a student?  No  Yes, indicate where: \_\_\_\_\_ Field of study: \_\_\_\_\_

Expected graduation date? \_\_\_\_\_ Are you a veteran?  No  Yes, rank: \_\_\_\_\_

### **Personal Sharing**

Please describe any personal experience with loss, terminal illness, or the death of a loved one:

---

---

---

Why do you want to be a Haven Hospice volunteer? \_\_\_\_\_

---

---



## Volunteer Application

---

### **References**

Haven Hospice requires **THREE** references for each volunteer. Please provide all the requested information for three persons we may contact. **Please do NOT list relatives.**

#### **Reference 1:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

#### **Reference 2:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

#### **Reference 3:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

### **Statement of General Health and Volunteer Commitment**

Haven Hospice requires that we have a statement of your general health in your volunteer file. Please read and sign the following:

I, \_\_\_\_\_, state that I am, to the best of my knowledge, free from communicable diseases. I am also willing to make a one-year commitment as an active volunteer for Haven Hospice. I will maintain contact with the Haven Hospice office regarding my availability. I give permission for Haven Hospice to perform reference checks with those above noted persons.

---

Signature

---

Date