



**Family of Services,  
Western Pennsylvania**

**Hospice**  
154 Hindman Road • Butler, Pennsylvania 16001  
724-282-6806 • 800-245-3042 • FAX 724-282-1509

### Hospice Volunteer Application

**Personal Information**

*Date of Application:* \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Phone Numbers: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Occupation \_\_\_\_\_ May we contact you at work?  Yes  No

Date of Birth (year optional) \_\_\_\_\_

**Skills & Hobbies**

*Please list some hobbies/interests/skills*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you know sign or any other language?  Yes  No

**Education**

*Please check highest level completed*

Some High School  College Degree \_\_\_\_\_

High School Diploma  Post Graduate Degree \_\_\_\_\_

**Work Experience**

*List employers including dates of employment (most recent first)*

Currently Employed?  Yes  Full Time  Part-Time  No / Retired

Dates of Employment	Employer Name, Address, & Phone Number	May we Contact this employer?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Volunteer Experience**

Dates of Service	Organization Name, Address, & Phone Number	May we Contact?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Hospice Experience**

Have you ever worked for a Hospice?  Yes  No

Why are you interested in being a Hospice Volunteer? \_\_\_\_\_

Have you had a death of a family member or close friend in the past 12 months?  Yes  No

**Commitment**

Are you willing to attend ongoing inservice/support meetings when offered?  Yes  No

Are you willing to accept assignments as needed upon completion of training?  Yes  No

**References**

*Exclude family members and past supervisors*

Name	Phone Number	Address	Occupation
_____	( ) _____	_____	_____
_____	( ) _____	_____	_____
_____	( ) _____	_____	_____

**How did you learn about us:**  Church Bulletin  Newspaper  Friend  Relative

Personal Hospice Experience  Other, please specify \_\_\_\_\_

**Do you require physical accommodations that should be considered for assignments?**  Yes  No

If yes, please describe your needs \_\_\_\_\_

I certify that all statements made by me on this application are true and complete to the best of my knowledge. I understand that any false statement, misrepresentation or omission may result in my application being denied or cause my dismissal from volunteer service. Further, I give VNA Hospice, Western Pennsylvania permission to contact the references and employers named in this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*VNA Hospice, Western Pennsylvania is committed to a policy of equal opportunity, and prohibits discrimination or harassment on the basis of race, color, religion, natural origin, ancestry, sex, age, marital status, familial status, sexual orientation, disability, status as a disabled veteran, or a veteran of the Vietnam Era.*