



## Hospice House Volunteer Application Form

For office use:

App  \_\_\_\_\_

Ref #1  \_\_\_\_\_

Ref #2  \_\_\_\_\_

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

Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone (please check off the preferred number to contact 9am-5pm, Monday-Friday):

Home \_\_\_\_\_  Cell \_\_\_\_\_  Work \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cultural Identification (Optional): \_\_\_\_\_

Did you serve in the military?  Yes  No If yes, in which branch did you serve? \_\_\_\_\_

How did you learn about Hospice House?

### **Experience (*Please include that which would be helpful in volunteering at Hospice House*)**

Education/Training/Professional Licensure:

Work Experience:

Volunteer Experience:

Special Skills/Talents: (Healthcare; Counseling; Languages; Cooking/Baking; Massage; Art/Music; Other) Please describe briefly.



**Exploring your feelings and intentions in serving as a volunteer, please respond to the following questions thoughtfully and completely. Your responses are confidential. Thank you.**

1) What is your understanding of hospice?

2) Why are you interested in volunteering at Hospice House?

3) Describe personal experiences with serious illness and/or death and their effect on you.

4) Have you recently experienced a loss through death?  Yes  No  
If yes, please describe.

5) Have you been with someone at their death?  Yes  No  
Have you attended a funeral/wake?  Yes  No

6) Describe your personal experiences with grief and your feelings about the grieving process (even if the loss does not involve a death; e.g. divorce, loss of job, move).

7) Hospice volunteers provide emotional and practical support for people with cancer, HIV/AIDS, dementia, among other life threatening illnesses. Describe what it may be like for you to be with people with serious limitations or altered appearances resulting from their illnesses or treatments and why.

8) What do you see to be the stresses in volunteering at Hospice House?

9) It is important for caregivers to have good emotional support in their lives. What are sources of emotional support for you?

10) What do you see to be the gifts from volunteering at Hospice House?

11) Volunteering is an important commitment. We request that volunteers regularly work at least one four hour shift each week. Are you able to meet that commitment?

Yes  No

12) How do you feel about the time and energy required to volunteer at Hospice House?

**Please indicate your area(s) of interest in serving as a Hospice House Volunteer:**

- Hospitality
- Resident Assistance
- Special Project (please check those of interest)
  - Gardening
  - Playing music
  - Baking/Cooking
  - Fundraising activities
  - Professional services (Please specify: \_\_\_\_\_)
  - Other (Please specify: \_\_\_\_\_)

**To finish this application, you will need to contact 2 people as references. Your references should not be family members. It is your responsibility to provide each person with a reference form. Once they complete the form, it should be sent directly to Hospice House at the address provided on the bottom of the form. Thank you for your interest in volunteering and for taking the time to complete this application!**

Please list the following information for two people who know you well, other than immediate family, who may be contacted as references:

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

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

**Please fill out and return to:**

**Attn: Volunteer Coordinator  
Hospice House—The Josie Harper Residence  
7415 Cedar Street  
Omaha, NE 68124**

**—OR—**

**Fax (402) 343-8649  
Attn: Volunteer Coordinator**

# Hospice Volunteer Reference Form

\_\_\_\_\_ has applied to become a volunteer with Hospice House, an assisted living facility designed to provide a home environment for terminally ill persons and their families.

Hospice volunteers provide companionship, emotional support, and practical assistance for residents of Hospice House and their families. It is important that our volunteers be emotionally healthy, in touch with their own feelings about illness, death, and crises, and dependable in that they can meet a required one-year commitment.

Please respond to the following questions on this sheet as completely as you can. If you do not feel that you can answer one or more questions, please explain why. All references are held in strict confidence. They are not shared with the prospective volunteer. *(If you need more space to write, feel free to add an additional page)*

Reference Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

***Please respond to following questions to the best of your ability.***

1. *Describe briefly the strengths of the prospective volunteer as they relate to offering emotional support to seriously ill, dying or grieving persons and their families.*

2. *Do you know of any reasons or conditions which would prevent this prospective volunteer from coping with the stresses of illness, death, and grief?*

3. *Would you recommend this person as a volunteer for Hospice House?*  Yes  No

**\*Note to Reference: Please return this form to the address below:**

Hospice House  
Attn: Volunteer Coordinator  
7415 Cedar Street  
Omaha, NE 68124

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