

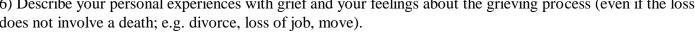
Hospice House Volunteer Application Form

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		□ Work _		
Emergency Contact: Number:	Name/Relationship:			
Address:	City:	State:	Zip:	
Birthday:/	Cultural Identification (Optio	nal):		
Did you serve in the military? □ <i>Yes</i>	\Box No If yes, in which branc	h did you serve?		
How did you learn about Hospice Ho	115e7			
Experience (<i>Please include that</i> Education/Training/Profession	-	in volunteering a	t Hospice House)	
Work Experience:				
Volunteer Experience:				
Special Skills/Talents: (Health Other) Please describe briefly.	, , , , , , , , , , , , , , , , , , , ,	; Cooking/Baking; M	assage; Art/Music;	



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.





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?



Pleas	e indicate your area	(s) of interest in serving as a Hospice House Volunteer:
	□ Hospitality	
	□ Resident Assistance	
		se check those of interest)
	□ Gardening	
	□ Playing mus	
	□ Baking/Cool	
	□ Fundraising	
		services (Please specify:)
	□ Other (Pleas	e specify:)
not be form provi the ti	e family members. Once they completed on the bottom on the bottom on the bottom on the bottom on the to complete this	you will need to contact 2 people as references. Your references should to is your responsibility to provide each person with a reference te the form, it should be sent directly to Hospice House at the address of the form. Thank you for your interest in volunteering and for taking application! nation for two people who know you well, other than immediate family, who may be
1)	Name:	Phone:
	How do you know this	person?
2)	Name:	Phone:
	How do you know this	person?
Signat	ure:	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

assisted living facility designed	has ap o provide a home environment for	plied to become a volunteer w	
Hospice volunteers provide com their families. It is important the	panionship, emotional support, and our volunteers be emotionally heat they can meet a required one-year	d practical assistance for residealthy, in touch with their own	ents of Hospice House and
more questions, please explain v	questions on this sheet as complete why. All references are held in striction to write, feel free to add an add	ct confidence. They are not sh	•
Reference Name:	Date:		
Address:	City:	State:	Zip:
Daytime Phone:	Relationship to	Applicant:	
 Describe briefly the seriously ill, dying or Do you know of any in 	questions to the best of your of trengths of the prospective volume grieving persons and their fail the greatest or conditions which we have a death, and grief?	unteer as they relate to off nilies.	
3. Would you recommen	nd this person as a volunteer fo	or Hospice House? □ Yes	□ No
*Note to Reference: Hospice House Attn: Volunteer C 7415 Cedar Stree		to the address below	w:



Omaha, NE 68124

Hospice Volunteer Reference Form

assisted living facility designed to	has applied to become a volunteer with Hospice House, an sted living facility designed to provide a home environment for terminally ill persons and their families.			
Hospice volunteers provide comp their families. It is important that	anionship, emotional support, and practic our volunteers be emotionally healthy, in they can meet a required one-year comm	cal assistance for resident touch with their own for	nts of Hospice House and	
more questions, please explain when	uestions on this sheet as completely as young. All references are held in strict confidence to write, feel free to add an additional	lence. They are not share		
Reference Name:		Date:		
Address:	City:	State:	Zip:	
Daytime Phone:	Relationship to Applica	ant:		
seriously ill, dying or	rengths of the prospective volunteer grieving persons and their families. Pasons or conditions which would property death, and grief?			
3. Would you recommend	d this person as a volunteer for Hosp	oice House? □ Yes	□ No	
*Note to Reference: Hospice House Attn: Volunteer Co 7415 Cedar Street Omaha, NE 68124		e address below	:	

