



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 _____

Emergency Contact: Number: _____ Name/Relationship: _____

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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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.*

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