



## Hospice Volunteer Application

*If you receive an electronic copy of this application, please print it out and then complete it.*

Name (Please print)		
Email Address		Birth date
Phone Numbers ( <i>Circle <b>Cell</b> or <b>Home</b> to indicate your primary number</i> )		
Cell	Home	
Street Address		
City/State/Zip		
Occupation ( <i>Circle <b>Present</b> or <b>Former</b></i> ):		Employer Name:
Circle one, if applicable: <b>Retired</b> <b>Not currently working</b>		
Marital Status	Sex (circle - M or F)	Religious Affiliation (optional)
Emergency Contact Name and Phone # ( <i>circle <b>Cell</b> or <b>Home</b></i> )		Relationship to you

Please describe your most recent work and/or volunteer experience(s):

Name of organization/company	Dates	Type of experience

Describe your education:

Describe your computer skills, if any:

List any hobbies that you enjoy:

How many miles are you willing to travel from your home to a placement? \_\_\_\_\_

Do you have any other travel restrictions?

What has been your experience with illness and/or dying? Perhaps you have had a serious illness yourself, or you have had a close family member or friend die? (How long has it been since they passed away?) Has any of your past experience been hospice related?

How did you hear about Olathe Health Hospice and our volunteer needs?

Describe any physical limitations you have that should be considered when deciding your placement:

Have you ever been convicted of a crime? If yes, please explain:

Place an X by the volunteer area(s) which seem most interesting to you:

<input type="checkbox"/>	One-to-One Patient Care and Comfort
<input type="checkbox"/>	Hospice House Assistant
<input type="checkbox"/>	Office / Clerical Duties
<input type="checkbox"/>	Chaplaincy
<input type="checkbox"/>	Sewing/Crafts / Music / Pet Therapy / Massage Therapy
<input type="checkbox"/>	Family Meals / Special Events / 11 <sup>th</sup> Hour Help
<input type="checkbox"/>	Other (describe):

Circle the days/times that you are available to volunteer:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening

Circle your 'best fit' response to the following statements:

1. I enjoy a busy placement where I can multi-task.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
----------------	-------	---------	----------	-------------------

2. I prefer one-to-one interaction and communication with patients/families.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
----------------	-------	---------	----------	-------------------

3. I do well in a crisis situation.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
----------------	-------	---------	----------	-------------------

4. I prefer a placement where I receive ongoing supervision and support.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
----------------	-------	---------	----------	-------------------

5. I prefer a placement where I am self-supervised and independent.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
----------------	-------	---------	----------	-------------------

6. I am a cigarette smoker.

Yes	No	Prefer Not to Answer
-----	----	----------------------

7. I don't mind a placement where I am exposed to cigarette smoke for a few hours.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
----------------	-------	---------	----------	-------------------

8. I am willing to tidy up and/or prepare a simple meal for a patient.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
----------------	-------	---------	----------	-------------------

9. I enjoy the company of animals and would be comfortable with a placement where animals are present, as long as they are no danger to my safety.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
----------------	-------	---------	----------	-------------------

10. I am comfortable around illness.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
----------------	-------	---------	----------	-------------------

11. I am comfortable touching a patient and providing direct patient care.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
----------------	-------	---------	----------	-------------------

12. I can keep calm in an unfamiliar situation and know when to help and when to step back.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
----------------	-------	---------	----------	-------------------

13. I am okay in the presence of bodily fluids, as long as I have been trained on how to stay safe.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
----------------	-------	---------	----------	-------------------

Please provide three references who we may contact (no family members, please):

Name	Organization	Phone	Email

Signature \_\_\_\_\_

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

Please mail this application or drop it off in person to:

Olathe Health Hospice Care  
 Attn: Volunteer Coordinator  
 Southpark Medical Plaza  
 20920 W. 151<sup>st</sup> St, Suite 204  
 Olathe, KS 66061

You should be contacted within 14 days of receipt of the application. If you are not contacted within 14 days, please call the Hospice office at (913) 324-8515.

Thank you for your willingness to volunteer and for your interest in our Hospice program!