

The University of Kansas Health System Hospice Volunteer Application

If you've received this application in electronic format, please print it out and complete it.

Name (Please print)	
Email Address	Birth Date
Phone Numbers (<i>Circle Cell or Home to indicate your primary number</i>)	
Cell	Home
Street Address	
City/State/Zip	
Occupation (<i>Circle Present or Former</i>)	
Employer Name	
Are you currently? <i>Retired</i> <i>Not currently working</i> <i>Student</i> If a student, which school do you attend?	
Religious Affiliation (Optional)	
Emergency Contact <i>Name</i> and <i>Phone #</i>	Relationship to You

Describe your most recent work and/or volunteer experience:

Organization/Company Name	Dates	Type of Experience

How did you hear about our hospice and our volunteer needs? If online, which website?

Describe any physical limitations you have that we should consider when deciding your placement:

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

Do you have any other travel restrictions?

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

Briefly describe any experience you've had with death and dying:

Circle when you are *currently* 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:

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

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

I prefer a role where I am independent and self-supervised.

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

I do well in a crisis.

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

I'm comfortable in unfamiliar situations and know when to help and when to step back.

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

I'm a cigarette smoker.

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

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

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

I'm comfortable around illness.

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

I'm comfortable in the presence of bodily fluids if I'm wearing gloves.

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

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

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

I'm comfortable around animals (and enjoy their company) when they're safe and friendly.

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

Is there anything else you would like us to know?

Please provide three references:

NAME: _____

EMAIL _____ PHONE: _____

RELATIONSHIP: _____

NAME: _____

EMAIL _____ PHONE: _____

RELATIONSHIP: _____

NAME: _____

EMAIL _____ PHONE: _____

RELATIONSHIP: _____

Signature: _____ Date: _____

Please return this application by:

Scan/email: apotts2@kumc.edu

Drop off or mail:

The University of Kansas Health System
Hospice Administrative Office
Attn: Volunteer Coordinator
20920 W. 151st St, Suite 204
Olathe, KS 66061

If you do not receive a timely response to your application, or if you have any general questions, please call (913) 445-8369. Thank you for your interest in volunteering with us!