

Hospice of Washington County  
Volunteer Application

**Thank you for your interest in becoming a volunteer for Hospice of Washington County. Some of the questions may seem personal or private but they are extremely helpful for collecting information. This information is valuable when it comes to matching volunteers and clients so we can provide compassionate end-of-life-care. Please feel free to call our office if you have any questions. 319-653-7321**

**Name of Applicant** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Email** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_ **Work** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Employer** \_\_\_\_\_

**Can you receive calls at work?** \_\_\_\_ **yes** \_\_\_\_ **no** **Working hours** \_\_\_\_\_

**Birthdate** \_\_\_\_\_ **Age** \_\_\_\_\_ **Marital Status** \_\_\_\_\_

**What qualities (skills, talent, knowledge, and experiences) do you feel you can incorporate into you hospice volunteer work?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you know a language other than English?** \_\_\_\_ **yes** \_\_\_\_ **no**

**How did you hear about our Hospice volunteer program?** \_\_\_\_\_

**Why do you want to be a Hospice volunteer?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Has someone close to you died?** \_\_\_\_\_

**If so please explain** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**What service or social clubs do you belong to?**

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**What do you like about yourself?**

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**Name and phone number of your Physician**\_\_\_\_\_

**Emergency contact name and number**\_\_\_\_\_

**Three Personal References – Please include a phone number**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**I authorize the persons I have listed as references to release any information about my qualifications and character to Hospice of Washington County, in consideration of my wish to serve as a Hospice volunteer.**

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**Signature of Applicant**

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**Date**