

*St. Joseph Mercy Hospice welcomes friends and family members of previous hospice patients to join our hospice volunteer staff after a 12-month bereavement period.

1. ORIENTATION DATE		2. APPLICATION DATE	
3. BIOGRAPHICAL INFORMATION			
Last Name	First	Middle	Date of birth <i>Circle if under 18</i>
Home Address	City	State	Zip
Home Phone	Work	Cell	Email Address
()	()	()	
<i>Please circle preferred phone number. Give only phone numbers at which you do not mind being contacted.</i>			
4. EMPLOYMENT AND VOLUNTEER EXPERIENCE (begin with most recent)			
Organization Name	Start Date	Position & Responsibilities	
	End Date		
Organization Name	Start Date	Position & Responsibilities	
	End Date		
Organization Name	Start Date	Position & Responsibilities	
	End Date		
5. CURRENT LICENSES (driver, nursing, medical, social work, etc.)			
Type: Driver	Number:	State:	Expires:
Type:	Number:	State:	Expires:
Type:	Number:	State:	Expires:
6. EDUCATION AND TRAINING (please include highest education level)			
Institution Name	City/State	Degree/Major	Dates Attended
Are you fluent in any languages other than English? (Please specify spoken/heard/written.)			

**St. Joseph Mercy Hospice
Volunteer Application**

7. GENERAL INFORMATION			
IN CASE OF EMERGENCY, PLEASE CONTACT:			
Name	Street	City/St/Zip	Phone(s)
Has your license to operate a motor vehicle ever been revoked? Yes _____ No _____ If yes, please explain:			
Do you have a reliable vehicle? Yes _____ No _____			
Have you ever been convicted of a felony ? Yes _____ No _____ ; a misdemeanor? Yes _____ No _____			
What times are you available? Regular business hours _____ Evenings _____ Nights _____ Weekends _____ How much time can you give for volunteer service to Saint Joseph Mercy Hospice? -How many hours per week ? _____ -How many hours per month? _____ *Please note many of our patients and their families prefer to set up weekly visit for 2-3 hours at a time. This is not always the case and some of our patients and their families like having volunteers on a more sporadic basis.			

By applying to be a volunteer for Saint Joseph Mercy Hospice, I understand that:

- I must complete an application sheet, which will be kept on file by Hospice.
- I will sign a confidentiality statement.
- I will provide information for and sign “applicant identification and release regarding criminal history” form.
- I will permit personal references to be contacted if requested.
- I must be willing to make a one-year commitment for service to Hospice.
- I will be interviewed by a hospice staff person at the appropriate time.

In addition, as a volunteer, I understand that:

I shall receive training (20 hours) and supervision by Saint Joseph Mercy Hospice. Hospice staff will decide my final acceptance into the program.

Name--Please Print

Date

Signature

**I have read the enclosed description of the roles and tasks of volunteers.
I prefer to be considered for (choose all that apply):**

- Companionship/Respite
 - Bereavement Services
 - Administrative Support
 - Special Events
 - Pet Therapy
 - Special Trades/Talents (Examples: Hair Stylist, Construction, Massage, Musical)
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Are you willing to be called to sit with an actively dying patient who has no family, friends or support?

- Yes No