

Breeze Hospice Volunteer Application

Thank you for your interest in becoming a Breeze Hospice volunteer. The following questions will provide us with information about your abilities and interests. For your safety and the safety of our patients, all volunteers are required to consent to a criminal background check and Tuberculosis screening. All information provided is confidential. ***Breeze Hospice covers all expenses related to background checks.***

General Information

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Email Address: _____

Date of Birth: _____ Social Security Number: _____

Driver's License/State ID Number: _____

Valid Auto Insurance YES NO N/A

Carrier: _____ Policy # _____ Exp Date: _____

How did you hear about Breeze Hospice? _____

Have you ever been convicted of a misdemeanor or felony? YES NO

If yes, state citation, date, and location: _____

Availability (circle days and list times you would be available for volunteer assignment)

Days	MON	TUES	WED	THURS	FRI	SAT	SUN
Time Frame							

Areas of Hospice Volunteer Interest (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Weekly Patient Visits | <input type="checkbox"/> Office Support |
| <input type="checkbox"/> Respite for Family Member | <input type="checkbox"/> Errands & Transportation |
| <input type="checkbox"/> Bereavement After-Care | <input type="checkbox"/> Special/Holiday Events |

Experience & Special Skills

Current Occupation: _____ Company/School Name: _____

List any clubs or organizations you are affiliated with:

Check any special Skills that apply to you and describe below:

- Play Instrument Arts & Crafts Multi-lingual Massage
 Sing Hair/Makeup/Nails Writing/Reading Other

Describe: _____

Have you ever been a Hospice Volunteer? _____

If yes, provide hospice name, location, and dates: _____

Please summarize your previous volunteer experience: _____

Death and Dying

Do you know someone that has received Hospice Care? YES NO

Have you ever been with someone at the time of their death? YES NO

Please share your last experience with death including your relation to them and when it happened. _____

What are your thoughts and feelings about death and dying in general? How would you describe it? _____

Personal References (excluding Family members)

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone: _____

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I certify that the information provided in this Breeze Hospice Volunteer Application is true and complete to the best of my knowledge.

Signature

Date