



Del Corazon Hospice

811 St. Michael's Drive, Suite 207 ∞ Santa Fe, New Mexico 87505 ∞ 505-988-2049

VOLUNTEER APPLICATION

Please Print

First Name: _____ Last Name: _____ Date: _____

Phone Numbers: H _____ cell _____ Work _____

May we leave a message? _____ What is the best way to reach you during the day? _____

Email address: _____ Are you the only user at this address? Yes / No

Mailing address: _____
City state zip code

Emergency Contact/ Relationship: _____ Phone _____

Are you 18 yrs of age or older? _____ Do you drive and have reliable transportation? _____

Do you have a current driver's license? _____ Do you have insurance coverage? _____

Name of Insurance carrier: _____ Act. # _____

Amount of Liability coverage: _____ Insurance expiration date: _____

Please respond to the following questions as thoughtfully and completely as you can, exploring your feelings and your intentions. If more room to respond is needed, use the back of the page.

How did you learn about volunteer opportunities at Del Corazon Hospice?

Why do you want to be a hospice volunteer?

Have you done any volunteer work? If so, with what group(s)?

What expectations do you have of being a hospice volunteer?

Have you had experience working with people with life-limiting conditions?

Have you experienced a significant personal loss? If so, please describe and include how long ago the loss occurred and any role you had in caregiving.

What are your feelings about and understanding of pain management?

No matter what our personal beliefs might be, it is important that we never try to impose our values on others. Do you feel that you can abide by this when working with the dying?

Volunteers provide emotional and practical support for people experiencing living and dying with a terminal illness. What kinds of patients or situations would you anticipate having the most difficulty with and why?

Would you be comfortable visiting patients in a nursing home setting?

Hospice works with people with cancer, dementia, breathing problems, liver or kidney failure and other diagnoses. How would you feel about being with someone who has serious physical limitations or an altered appearance as a result of their disease?

Often hospice patients experience an altered reality as a result of the progression of their illness (dementia for example) or as a result from medication or due to organ failure. How would you interact with a patient who experiences an altered reality? What challenges do you anticipate?

What are your feelings about working with patients and patient families of a different race, religion, socio-economic and / or spiritual background?

Do you have any physical or medical restrictions that might affect your function as a volunteer? If so, please describe (such as allergies, back problems, poor vision or hearing, etc.)

What is your support system and how do you care for yourself?

Are you willing and able to make a commitment of at least 6 months with Del Corazon hospice?

Are you willing to take annual TB screenings? _____

Are you willing to undergo a background check? _____

Are you willing to complete the volunteer training program? _____

Attend volunteer meetings? _____ Complete in-service requirements? _____

Would you feel equally comfortable working with female and male patients? Do you have a preference?

Are you willing to make weekly phone check-ins with your patient(s)? _____

When are you available to volunteer?

Day of the week

Time slots

__ Monday: _____

__ Tuesday: _____

__ Wednesday: _____

__ Thursday: _____

__ Friday: _____

__ Saturday: _____

__ Sunday: _____