

DEL CORAZON HOSPICE VOLUNTEER APPLICATION

(Please print)

Date: _____

First Name: _____ Last: _____

Best number to reach you: _____ Can you receive texts ____Y ____ N

Mailing address: _____

Date of Birth: _____ Must be 18 or older to become a patient companion volunteer.

Email address: _____ Is this for "your eyes only" ? ____Y ____ N

Emergency contact/relationship: _____.

How did you learn about Del Corazon Hospice?

What inspired you to respond to our call for volunteers?

Please list volunteering experiences you have had in the past and note your favorite and least favorite of these.

What expectations do you have of being a hospice volunteer? In the past what have been your preferred ways to be appreciated and acknowledged?

Have you had experience working with people (including members of your family) with life-limiting conditions? If so, please describe.

Have you recently experienced any significant personal losses? Please describe and tell the role you had.

Regardless of our personal beliefs it is important that we do not impose our values on others. Do you feel that you can abide by this when working with those who have beliefs different from yours? Your approach . . .

Volunteers provide emotional support and companionship for those experiencing living and dying with a terminal condition. What kinds of patients or situations would you anticipate having the greatest challenge and why?

Would you be comfortable visiting patients in a nursing home or long-term care facility?

Would you be comfortable making visits to a patient's home?

Hospice works with people with dementia, heart failure, breathing issues, cancer, end stage liver or kidney disease, and other terminal conditions. How would you feel about being with someone who has extreme physical limitations or an altered appearance?

Often hospice patients experience an altered reality as a result of the progression of their illness or due to side effects of medication or treatment. How would you interact with a patient who experiences an altered reality and what if any challenges do you anticipate?

Do you have any physical or medical restrictions that might affect your function as a volunteer?

How do you care for yourself and do you have a support system?

Are you willing make a commitment of at least 6 months? _____

Are you willing to take the two 2 step TB screenings? _____

Are you willing to complete the training program? _____

Attend volunteer meetings? Complete in-service requirements? _____

Would you feel equally comfortable working with female and male patients? _____

Would you be willing to make weekly phone check-in's? _____

Best day(s) to visit patients? _____

Best time(s) of day to visit patients? _____

Comments:

