



Volunteer Application

Last Name _____ First Name _____
Middle Initial _____
Street Address _____
City _____ Zip _____ SS# _____
Home Phone () _____ Work Phone () _____
Cell Phone () _____ Email _____

Person to be notified in case of an emergency:

Name _____ Phone () _____
Address _____
City _____ Zip _____

Employer _____ Occupation _____
Can receive calls at work (please check one): Yes No Emergency Only

Education completed _____
Please list any Professional License, Certification, or Registration that you may have:
Type _____ Number _____
State(s) _____
Expiration Date (s) _____

Education/Special Training (please list any training or experience relevant to hospice work)

Work Experience _____

Other special services/skills: (art, music, foreign languages, cultural studies, grant-writing or research, public relations, manicurist, hairdresser, masseuse, etc.)

Volunteer History (where, capacity of volunteer duties, length of service)

What do you look for in a volunteer experience?

How did you hear about our hospice volunteer program?

Why do you want to be a hospice volunteer?

Do you have access to transportation? Yes No

Are you willing to be considered for out-of-your own City matches? Yes No

Hobbies/Interests

Death and Dying Awareness

Have you ever been with someone at the time of their death? Yes No

If yes, please describe briefly:

Have you ever provided care to anyone who was dying? Yes No

(If yes please explain)

Please list significant losses that have occurred in your life and your age at the time of each.

If selected to be a patient care volunteer, can you commit to volunteering a minimum of three hours per week for a year? Yes No

Can you commit to attend a 3 hour training session? Yes No

Please describe your availability for volunteer service:

Mornings Afternoons Evenings Weekdays

Weekends

Other

Areas of Interest:

DIRECT PATIENT/FAMILY CARE

in home in facility companionship respite

alternative therapies

BEREAVEMENT (after the loss of a loved one)

_____ phone caller _____ support group co-facilitator _____ office/clerical

NON-PATIENT CARE (Office, etc.)

_____ clerical _____ mailings _____ events _____ data entry

List two personal references (*excluding family members*):

Name _____ Relationship _____

Address _____

City _____ State _____

Phone (home) _____ (other) _____

Name _____ Relationship _____

Address _____

City _____ State _____

Phone (home) _____ (other) _____

Have you ever been convicted of a felony? _____ Yes _____ No

(If yes, please explain)

Please note that a Criminal History Check is required.

Thank you for your interest in volunteering for Envoy Hospice! Please read, and sign below.

I certify that the information I provided in this **Hospice Volunteer Application** is true and complete to the best of my knowledge. I authorize Envoy Hospice to contact my previous employers and other resources to investigate any of the facts set forth in this Application or resume. I specifically waive prior written notice of disclosure of any personnel record information, including disciplinary reports, letters of reprimand or other disciplinary action. In consideration of acceptance of my application, I release Envoy Hospice and my previous employers of any claimed liability arising out of such response and disclosure.

Signed: _____ Date: _____

Please complete documents & scan/email them back to me at:

rosy.duncan@envoyhospice.com

Rosy Duncan - Volunteer Coordinator

Cell) 817-905-5604

Office) 817-289-3990

OR Please mail Attention: Rosy Duncan at the Fort Worth Office:

1412 W. Magnolia Suite 100

Fort Worth, TX 76104

OR feel free to drop off or mail to the office closest to you:

Envoy Hospice – Fort Worth

1412 West Magnolia Suite 100

Fort Worth, TX 76104

Envoy Hospice – Lewisville

860 Hebron Parkway Suite 1203

Lewisville, TX 75057

Envoy Hospice – Dallas

455 S. Llewellyn Ave.

Dallas, TX 75208