



Central Coast Hospice Volunteer Application

(Please Print Neatly)

Name: _____ Nickname: _____

Home Phone: _____ Mailing Address: _____

Cell Phone: _____ Work Phone: _____ Email: _____

Person to be notified in case of an emergency: _____ Phone: _____

What is the best way to contact you? (Circle one) home phone cell phone email work phone text

Employer: _____ Occupation: _____

Can you receive calls at work? (check one): yes no emergency calls only

Education complete: _____

Please list any Professional License, Certificate, or Registration that you may have:

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

Work Experience: _____

Other special service/skills/hobbies: (art, music, foreign languages, research, public relations, manicurist, hairdresser, massage therapist, crafting, hobbies)

Previous Volunteer Experience:

What are you looking for in becoming a hospice volunteer?

How did you hear about our volunteer program? _____

What kind of volunteering are you interested in? (check all that apply)

- Respite (temporary rest for the caregiver)
- Vigil (sitting with patient at end of life, extra training offered)
- Administrative (in our office without direct patient contact)
- Bereavement support
- Spiritual Care support
- Skill Based Roles (music, art, haircuts, massage etc.)
- If selected to be a patient care volunteer, can you commit to volunteering a minimum of three hours per week for one year? _____

Please describe your availability for volunteer service:

Mornings: _____ Afternoons: _____ Evenings: _____

Weekdays: _____ Weekends: _____ Other: _____

Do you have access to reliable transportation? ___ yes ___ no ___ public/bicycle

- Are you willing to be considered for matches in (circle all that apply)

Santa Maria Five Cities San Luis Coastal Towns Atascadero Templeton Paso Robles

Have you ever been with someone at the time of their death? If yes, please describe briefly:

Have you ever provided care to anyone who was dying? If yes, please describe briefly:

Please list significant losses that have occurred in your life:

Please list three personal references (excluding family members) email is preferable

Name _____

Email _____ Phone _____

Name _____

Email _____ Phone _____

Name _____

Email _____ Phone _____

Have you ever been convicted of a felony? Please note that a background check is required.

I certify that the information I provided in this application is true and complete to the best of my knowledge. I authorize Central Coast Hospice to contact my employer and other resources to investigate any of the facts set forth in this application or resume.

Signed _____ Date: _____

Please forward to: Central Cost Hospice, 253 Granada Dr. Suite D, SLO, CA 93401