

**MT HOOD HOSPICE
VOLUNTEER APPLICATION**

Return to:
PO Box 1269, Sandy, OR 97055

Name _____ Date _____

Address _____

Phone: Day _____ Evening _____

Birthday: _____ or Age Range: 20-40 _____ 40-70 _____ Over 70 _____

Spouse/Significant Other:(optional) _____

Names and ages of children: (optional) _____

Current Employment: Company _____

Type of Work: _____ Phone _____

Previous Hospice Experience: _____

Previous Other Volunteer Experience: _____

How did you learn about our program? _____

Do you a valid driver's license? _____ Have Car? _____ Insured? _____

Please list any significant loss you have experienced recently: (optional) _____

Why do you want to be a Hospice Volunteer? _____

Interest or Hobbies: _____

Professional/Religious Affiliations: _____

Please list any health related problems or physical limitations that need to be taken into consideration when screening for assignments: _____

(over)

Time Available: Weekdays _____ Evenings _____ Weekends _____

Categories of Volunteer Service for which you are willing and available:

Office/Staff Related Patient Care Fundraising Bereavement Speakers Bureau

Please list three non-family members or agencies we may contact for references:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

I authorize Mt Hood Hospice to contact the above references. I authorize all persons named on this form to provide information regarding me. I release and hold harmless these persons from any responses made to any inquiries.

Signature _____ Date _____

Return to: Mt Hood Hospice, PO Box 1269, Sandy, OR 97055
 Telephone: 503-668-5545