

Sharon Regional Health System
Hospice and Palliative Care
2320 Highland Road • Hermitage, PA 16148

Sent: _____
Returned: _____
Interview: _____
Comments: _____

VOLUNTEER PROGRAM APPLICATION

(Please complete the following application and return in the enclosed prepaid envelope. We will contact you for an interview. Thank you for your interest in the Hospice program.)

Name: _____ Spouse's Name: _____
Address: _____ Telephone: _____
_____ Birthdate: Month _____ Day _____
Environmental Allergy: _____ Social Security #: _____

FAMILY: Marital Status: _____ Number of Children: _____
_____ Married _____ Single _____ In Preschool _____ In Elementary
_____ Separated _____ Divorced _____ In High School _____ Who Are Adults
_____ Widowed

EDUCATIONAL BACKGROUND:

High School: _____
Tech or Professional School: _____
College (Field of Study): _____
Degree? _____ Yes or _____ No
Graduate School (Field of Study): _____

EMPLOYMENT: Currently Employed? _____ Yes or _____ No

If Yes, _____ Full Time or _____ Part Time

Where Employed _____

Describe Your Position: _____

What type of work have you done in the past? _____

ORGANIZATIONAL OR VOLUNTEER EXPERIENCE:

List Organizations and Offices Held: _____

Have you done any volunteer work? _____ Yes or _____ No, If yes, describe: _____

SKILLS OR HOBBIES: (Please mark all that apply)

_____ Nursing _____ Filing _____ Sewing _____ Cooking
_____ Teaching _____ Business Machines _____ Drama _____ Computers
_____ Counseling _____ Typing _____ Music
_____ Language, Specify _____
_____ Crafts, Specify _____
_____ Other, Specify _____

(OVER)

Please answer the following questions:

1. How did you become interested in Hospice?

2. What makes you want to volunteer in this setting?

3. Can you remember when someone important to you died - How did you react?
How do you / they cope with death?

4. Briefly describe your personal support system?

5. Do you have any special concerns about being a Volunteer? Please specify.

REFERENCES: List names and phone numbers of three (3) people **not related to you.**
May we call references? ___ Yes or ___ No

Names	Phone Numbers	Comments - Office Use Only
1.	() -	1.
2.	() -	2.
3.	() -	3.