



VOLUNTEER APPLICATION

Name: _____

Address: _____

Phone: (Home) _____ (Work) _____

Education and work experience summary: _____

Present Occupation: _____

Place of Employment: _____ FT: _____ PT: _____

Indicate the services you are most interested in providing at Hospice of Missoula:

- Direct work with Patients/Families
- Fund Raising
- Public Relations, Speakers Bureau, etc.
- Other _____
- Clerical Help
- Bereavement Follow-up
- Special Events

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Preferred number of hours per week: _____

If working in a patient's home environment, please choose from the following:

- Non-Smoker's home only
- No Dogs
- No Cats
- Other _____
- Smoke is okay
- Dogs are okay
- Cats are okay

May we assign you to work with both male and female patients? Yes No
If no, please indicate preferred patient gender: Male Female

Please indicate any special interests or hobbies that you have,

Please explain why you want to become involved in the Hospice volunteer program:

Have you had any experience with death or with a dying patient? Yes: _____ No: _____
If yes, please explain briefly:

Where did you hear about Hospice of Missoula's volunteer program? _____

Signature: _____ Date: _____

<p><i>Office use only.</i></p> <p>Volunteer Trainer: _____</p> <p>Location of Training: _____</p> <p>Date training was completed: _____ Certificate Issued: _____</p>
