

# Mary Washington Hospice

## Volunteer Application Form

5012 Southpoint Parkway  
Fredericksburg, VA 22407  
BUS: (540) 741-1667  
FAX: (540) 741-1841

FOR OFFICE  
USE

App. \_\_\_\_\_  
Int. \_\_\_\_\_  
Ort. \_\_\_\_\_  
Tr. \_\_\_\_\_  
Pl. \_\_\_\_\_  
Ref. \_\_\_\_\_  
other \_\_\_\_\_  
Vol# \_\_\_\_\_

Date: \_\_\_\_\_

### **PERSONAL DATA** (Please print clearly)

Name: \_\_\_\_\_

Date of birth: \_\_\_/\_\_\_/\_\_\_ (optional)

Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Person to be notified in case of an emergency \_\_\_\_\_

Relationship \_\_\_\_\_ Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

### **AREAS OF INTEREST** (Check all that apply)

#### Direct:

- Babysitting
- Bereavement
- Homemaking Chores
- Meal Preparation
- Relieve Primary Caregiver
- Running Errands
- Transportation

#### Indirect:

- Hospice office work
- Mass Mailings
- Public Speaking
- Special Events Planning
- Other \_\_\_\_\_

When are you generally available?

Daytime       Evenings       Weekends       Overnight

Can you give 3-4 hours per week? \_\_\_\_\_ If not, what is the amount of time you expect to give? \_\_\_\_\_

Schedule preference and/or comments: \_\_\_\_\_

**EDUCATION**

Education \_\_\_\_\_  
\_\_\_\_\_

Please specify your field of study \_\_\_\_\_

Are you currently in school?

- Yes, full-time                       Yes, part-time                       No

**EMPLOYMENT**

Are you currently employed?

- Yes, full-time                       Yes, part-time                       No

If yes, what is your job \_\_\_\_\_  
\_\_\_\_\_

**EXPERIENCE**

What type of work have you done in the past?

- Nursing     Teaching                       Counseling                       Other (*please specify*)

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

Have you done any volunteer work?

- Yes, currently                       Yes, in the past                       No

If yes, please specify \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL EXPERIENCES WITH DEATH**

Have you experienced any deaths in your family or of those close to you?

- No     Yes                      Please specify your relationship to the person(s) and when they died: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EXPECTATIONS**

What do you anticipate receiving from a volunteer experience with Mary Washington Hospice? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What do you feel you can give to Mary Washington Hospice through volunteering? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AREAS OF SKILL AND EXPERIENCE**

- Art, graphics
- Clerical (filing, copying, etc)
- Data Entry
- Desktop Publishing
- Driving/errands
- Fund-raising
- General housekeeping
- Hairdressing/Barber
- Insurance help
- Foreign language, specify \_\_\_\_\_

- Landscaping
- Maintenance/repairs
- Notary
- Nursing
- Sign Language
- Social Work
- Tax Assistance
- Typing/word processing
- 4-wheel drive vehicle
- Music, specify \_\_\_\_\_

\_\_\_\_\_  
 Other, specify \_\_\_\_\_

Do you have a valid driver's license?       Yes       No

What state? \_\_\_\_\_

Would you be willing to use your vehicle to run errands for patients/families?  
 Yes       No

**REFERENCES**

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

In what capacity and for how long has this person known you? \_\_\_\_\_  
\_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

In what capacity and for how long has this person known you? \_\_\_\_\_  
\_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

In what capacity and for how long has this person known you? \_\_\_\_\_  
\_\_\_\_\_

Additional information/comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The foregoing statements are, to the best of my knowledge, true and correct. Mary Washington Hospice has my permission to obtain the data needed to support this application.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Volunteer opportunities are available to all qualified applicants without regard to race, color, religion, gender, national origin, age, disability, or sexual orientation. Hospice shall reserve the right to deny appointment of prospective volunteers as a result of the application, interview and/or training process.