

SHARP Hospice Care

PO Box 1750
La Mesa, CA 91944-1750
(619) 667-1900

VOLUNTEER APPLICATION

FOR OFFICE USE ONLY

Date received _____
Acknowledgement notice sent out _____
Date called for Interview: _____
Date of Interview: _____

PERSONAL INFORMATION:

First Name	Last Name	MI
Mailing Address	City	State Zip
Cell Phone	Home Phone	Work Phone

Can You Receive Calls At Work: Yes No E-Mail Address: _____

VOLUNTEER PROGRAMS AVAILABLE: (Select one or more)

<input type="checkbox"/> PATIENT CARE	<input type="checkbox"/> WE HONOR VETERANS	<input type="checkbox"/> INTEGRATIVE THERAPIES	<input type="checkbox"/> HOSPICE HOMES	<input type="checkbox"/> OFFICE SUPPORT
To provide caregiver relief, comfort to our terminally ill patients and their families in their homes or facilities.	Veteran to Veteran Support	To support patients and their primary caregivers with providing Healing Touch, Reiki, aromatherapy and comfort hand massage. Minimum requirements of either Level 1 Healing Touch or Reiki II Practitioners. <i>Certificate Required</i>	Provide staff support and comfort care to our terminally ill patients and their families in one of our Hospice Homes.	To provide clerical staff support, special projects, and mailings.

How/Where did you learn about hospice? _____

Please state the reasons why you are interested in volunteering for Sharp HospiceCare: _____

Have you ever been present at a death? Yes No

Have you experienced the death of a close family member within the past year? Yes No

When? _____ Relationship? _____ Did you help care for them? Yes No

Can you devote 4 hours a week to volunteer? Yes No

What foreign language if any do you speak? _____

Hobbies and interests: _____

Are you willing to provide care in a home with smoking? _____

Are you willing to provide care in a home with pets? _____

Have you served in the Armed Forces? _____ If so, what military branch _____

TRANSPORTATION:

Driver's License #: _____ Expiration Date #: _____

Auto Insurance Carrier: _____ Expiration Date #: _____

Do you have any physical restrictions that would require accommodations? Yes No (explain)

EDUCATION:

Education (Special Training, Licenses, etc.) _____

Special skills: _____

Past volunteer experience: Yes No Where: _____

Supervisor: Name: _____ Phone: _____

EMPLOYMENT:

Are you presently employed? Yes No If Yes, hours per week _____ Retired: Yes No

Name of company: _____ Occupation: _____

Past work experience: _____

Please list two (2) references (not related to you):

1. Name: _____ Telephone #: _____

2. Name: _____ Telephone #: _____

Person to notify in case of an emergency:

Name: _____ Telephone #: _____

Relationship: _____

CERTIFICATION: I understand that I am volunteering my services to Sharp HospiceCare without promise or expectation of compensation or future employment. I further agree to serve as a volunteer for a minimum of one year. I certify that the answers given by me to the foregoing statements are correct and without omissions. I authorize Sharp HospiceCare to investigate the foregoing, and any other information, which might assist them in determining my qualifications for volunteering.

APPLICANTS SIGNATURE: _____ **DATE:** _____

Please return completed application to: Sharp HospiceCare PO Box 1750, La Mesa, CA 91944-1750
Or e-mail application to: hospice.volunteers@sharp.com