



JOURNEY HOME BEDSIDE SINGING Program Application

Please tell us something about yourself:

Why do you want to be a Hospice volunteer singer? What do you feel you would bring to the program?

What have been your personal experiences with serious illness, loss (may include divorce, job loss, etc.) and death? How did you react in these situations?

Please Give a Brief Summary of Your Musical Experience:

Please list two References (Name, address, phone, email).

***Thank you for your interest in becoming a Journey Home singer.
We look forward to working with you!***