

HOSPICE VOLUNTEER PROGRAM APPLICATION

Thank you for your interest in becoming a hospice volunteer at VNA & Hospice of Cooley Dickinson. Please take a few moments to review and complete this application, then email or mail it to our Volunteer Coordinator at the contact information below. Once reviewed, she will set up an interview to more fully explore how we can match your interests with our needs.

SEND TO:

Tina Leflar Hospice Volunteer Coordinator VNA & Hospice of Cooley Dickinson 168 Industrial Drive Northampton, MA 01060

Phone: 413-584-1060 | Fax: 413-584-7908 Email: cleflar@Cooleydickinson.org

Please note: Hospice Volunteers must be at least 18 years old. Hospice does not discriminate on the basis of race, color, national origin, religion, disability, sexual orientation, gender identity, or age in admission or access to treatment or participation in its programs or activities.

Date:		
NAME:		
Address		
CELL PHONE #:		
EMAIL ADDRESS:		
Home or Business #		
Can you be contacted at hon	ne or work? Yes/No:	
Current Employer & Occupa	ation:	
Work Schedule:		
When are you generally avai	ilable to volunteer? (Plea	ase circle or check):
Daytime	Evenings	Weekends
Does your availability chang schedule)? Yes No		reather, according to changing work
Do you speak a language oth	ner than English? Yes	No
Which?		



Do you have a vehicle you can use to visit patients? Yes_	No		
In which volunteer experience(s) are you interes check:	ted in? Please highlight, circle or		
Regular one-to-one volunteer	Office work		
Massage Therapy (certified)	Reiki Therapy (certified)		
Music (singing and/or or instrument)	Journey Home Bedside Singers		
Pet Therapy (certified)	Journey Home (bedside) Singers		
Bereavement Support (calls, mailings)			
Other (please list):			
Please list any skills, hobbies or special interests:			
For Work, Education and/or Volunteer experience, please complete the following, or email a resume if more convenient to: cdevine4@cooleydickinson.org			
Educational Background - Tell us about your educational background. Include college(s), major(s), other areas of study, and approximate dates. Or just attach a resume to this application.			
Work Experience - Tell us about your career/work experience (where you've worked, what you did, how long, etc. Or just attach a resume to this application			
Volunteer Experience - Tell us about any previous volunteer experience. Organizations, roles performed, dates, etc.			
References - Please provide name, address (including zip code), phone number and email of two individuals whom we might contact for a recommendation. You can also email this information separately now or after our initial meeting/interview to cdevine4@cooleydickinson.org 1.			
2.			
Please sign/digitally print name to give permission for m	e to contact your reference people:		
Signature/Digital Print Name:			

WHY YOU WANT TO BE A HOSPICE VOLUNTEER

Please respond to the following questions. (Feel free to attach a typed statement incorporating these questions.): 1. Why do you want to be a Hospice volunteer? 2. What do you feel you would bring to the program? 3. 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? 4. Do you have experience in assisting others in the process of dying, death or grief?

Thank you for your interest in becoming a Hospice Volunteer. We look forward to talking with you!

