

Journeys Hospice, Inc.

223 Amity Ave., Nampa, ID (208) 461-3035 FAX 466-0693

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## Volunteer Application

This is a tentative application and does not obligate you to the volunteer program. All the information is confidential. At anytime, volunteers who are determined to be inappropriate for the program will be counseled and may be asked to resign in order to maintain the integrity of the program.

Name \_\_\_\_\_ Are you at least 18 years old? Yes No

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Business name \_\_\_\_\_ Occupation \_\_\_\_\_ Hours \_\_\_\_\_

Can you receive calls at work? Yes No Email \_\_\_\_\_

Do you have transportation and car insurance? Yes No

Driver's License# \_\_\_\_\_ SS# \_\_\_\_\_

Local emergency contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Religious affiliation (optional but helpful) \_\_\_\_\_

Date of birth (required for background check): \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Circle the day(s) of the week you would be available to volunteer and list times if known:

Sun            M            T            W            TH            F            Sat

Circle the location(s) you would be interested in volunteering:

Nampa        Caldwell        Meridian        Boise        Kuna        Star        Eagle

Interests (hobbies, church activities, academic, etc.) \_\_\_\_\_

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List three references other than family members.

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Interests (hobbies, activities, academic, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am interested in volunteering because... \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your understanding of hospice? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What qualities do you have that may be helpful... \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any training or skills that you have (art, music, hair dresser, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list anything you would not like to do as a volunteer and that we need to be sensitive to. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Within the last 12 months have you experienced a loss or a death of a loved one? \_\_\_\_\_

Does being around pets or smoking bother you? \_\_\_\_\_