

Why are you interested in volunteering for hospice in particular? _____

How did you learn about Partners Hospice? _____

I am interested in volunteering: As an Office Support Volunteer As a Patient Care Volunteer

FOR Office Support Volunteer APPLICANTS:

1. When are you interested in starting to volunteer? _____

2. Do you have any preferred days and hours? _____

FOR Patient Care Volunteer APPLICANTS:

1. Have you ever been with a person who is dying? If yes, please explain: _____

2. Has someone close to you recently died? If so, what was the relationship and when did he or she die?

3. Have you had any (other) major losses over the past two years (for example, a divorce, loss of a job, etc.)? If yes, please describe:

4. When would you be available to participate in a volunteer training (check all that apply)?

Weekday evening hours Weekday daytime hours Saturdays

5. Please indicate specific dates/days/times you are not available: _____

6. Are you presently (circle): 1. Working: full-time part-time 2. Studying: full-time part-time

3. Other: _____

7. When would you be available to volunteer (check all that apply):

Weekday daytime hours Weekday evening hours Saturdays Sundays

8. Are you able to make an initial one-year commitment to volunteering including monthly attendance at a volunteer support meeting? Yes No

If no, please explain: _____

Signature: _____ Date: _____

PLEASE RETURN YOUR COMPLETED APPLICATION TO:

Partners Hospice Attn. Volunteer Department 281 Winter Street, Suite 200 Waltham, MA. 02451