



HOSPICE AND PALLIATIVE CARE

39 Broadway, Suite 200
New York, NY 10006

6323 Seventh Avenue,
3rd Floor
Brooklyn, NY 11213

Hospice Community Volunteer Application

Name _____

Employer _____

Address _____ State _____ Zip _____

Languages Spoken _____

Contact Information

Home Address _____ State _____ Zip _____

Mailing Address _____ State _____ Zip _____

Please list best means/times to reach you _____

Home Phone _____ Business Phone _____

Cellular Phone/Beeper _____ E-Mail Address _____

Emergency Contact _____

Address _____ State _____ Zip _____

Phone(s) _____ Relationship to Applicant _____

Education, Employment and Specialized Training (professionals please attach resume)

Please describe your work experience

Past volunteer experience(s)

Special Interests, Training, Skills, Hobbies

Availability to Volunteer

How many hours of volunteer service per week are you able to contribute? _____

How many months do you feel you could commit to our program? _____

Are you interested in volunteering? with patients at home in office with patients on inpatient unit
 education intake/outreach bereavement other _____

Have you personally experienced a life-threatening illness/situation? Yes No

If so, please describe the effect on your personal attitudes and/or way of life

Have you experienced the loss of a loved one through death or separation?

Within the past year? No Yes

If so, please briefly describe the circumstances

Other significant loss?

At this time, please identify any particular strengths and areas in need of improvement in yourself as you anticipate volunteering for MJHS patients and/or families?

Are you active in any other service-oriented groups? (Temple, Parish, Community, Mentoring etc.)? Yes No

Place _____ service _____ hours/months _____

Place _____ service _____ hours/months _____

I understand that I will receive no financial compensation and that full participation in the hospice volunteer training program and additional training, as determined by the volunteer coordinator and/or designee, is a prerequisite to a volunteer assignment with a hospice patient.

Applicant's signature _____ Date _____

Please email completed application to HOSPVOL@mjhs.org