



# Brattleboro Area Hospice

## Advanced Care Planning Volunteer Training Application Form

*Note: We ask for some of this information so that we can better match you with our ACP clients, should you become an active volunteer.*

**Name:**

**Date:**

**Mailing Address:**

**Town of Residence:**

**Phone: Home:**

**Work:**

**Cell:**

**Email:**

**Preferred Contact Method:**

**Date of Birth:**

**Age (cause we're not good at math):**

**In Case of Emergency, Contact Name:**

**Phone:**

**# of Children:**

**Ages:**

**# of Grandchildren:**

**Ages:**

**Educational Background:**

**Work Experience:**

**Volunteer Experience:**

**Describe your general health (include any physical limitations):**

Do you have your own transportation?    Yes        No

Do you speak a foreign language?        Yes        No    Which One?

How did you hear about the ACP volunteer training?

**Please feel free to attach additional paper if you need more space to answer the following questions. There are no right or wrong answers. We are interested in your feelings and opinions.**

1. What do you see as the role of an Advanced Care Planning volunteer?
  
  
  
  
  
  
  
  
  
  
2. What needs of your own do you hope to fulfill as an Advanced Care Planning Volunteer?
  
  
  
  
  
  
  
  
  
  
3. What are the values, strengths, and weaknesses, which you bring to this program?
  
  
  
  
  
  
  
  
  
  
4. Have you ever spent time with someone who is very sick or dying? When?  
Please elaborate:

**References: Please list three people (non-family members) who will be able to comment on your ability to deal with stress, your dependability, your personal stability and responsiveness to others.**

**Name:**

**Preferred method of contact (phone, email):**

**Thank you for taking the time to fill out this application. (We will be doing background checks as part of the approval process.)**

**Signed:**

**Date:**

*If electronic signature not available, typing in name is adequate.*