



Brattleboro Area Hospice

Hospice Volunteer Training Application Form

Note: We ask for some of this information so that we can better match you with our hospice 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:

Religious Preference:

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

List any clubs or organizations to which you belong:

What are your personal interests/hobbies?

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

How did you hear about the Hospice 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 needs of your own do you hope to fulfill by taking the Hospice training, or by becoming a volunteer?

2. What are the strengths, weaknesses and values you bring to this program?

3. Relate a personal experience you have had with death or some other kind of significant loss:

4. Have you ever spent time with someone who is very sick or dying? When? Please elaborate:

5. Have you recently experienced a significant loss? What kind (i.e. divorce, moving, loss of job, etc.)? When?

7. Describe your personal support system:

References: Please list two 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. Please sign and return it to the Brattleboro Area Hospice office and the training facilitator will call you to schedule a interview.

Signed:

Date:

We ask for a \$40 contribution from each trainee in order to defray part of the cost of the training materials. However, partial or full scholarships are available. The training is available regardless of ability to pay.