

**FHN HOSPICE  
Volunteer Information/Application**

Name \_\_\_\_\_ DOB \_\_\_\_\_

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

Phone (home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

E-mail \_\_\_\_\_

Employer's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

**2 Personal References**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Previous employment/training that may help you as an FHN Hospice volunteer**

**Previous Volunteer History**

**Name of Group/Organization**

**Type of Volunteering**

**How did you learn about Hospice and/or Volunteer Training?**

**Why are you interested in hospice care?**

**What experiences have you had with grief, loss, death and severely ill people?**

**What interests or hobbies do you have?**

**Other qualifications you have, i.e., music, second language, computer skills.**

**What are your strengths? Weaknesses?**

**What do you feel you have to offer our hospice program?**

**What will you receive by being a hospice volunteer?**

**What are your current obligations to work, family, church and other areas?**

**Date \_\_\_\_\_ Signature \_\_\_\_\_**