

Kit Carson County Memorial Hospital Caring Hands Hospice  
**Volunteer Application**

Volunteers are important members of the hospice interdisciplinary team in making special memories for the patient and family. A variety of volunteer opportunities are as follows:

- Patient Care Volunteers:** Works with the patients and families by being a special friend, relieving family caregivers 2-4 hours from time to time, grocery shopping, letter writing, homemaking, preparing lunch and other duties the patient may need.
- Professional Volunteers:** Certified, licensed and registered staff that provide patient and families with services of their special discipline (nursing, social workers, chaplains, counselors, therapists, etc.)
- Clerical Volunteers:** Works with Hospice clerical and management staff in providing office relief in areas such as receptionist/telephone duties, filing and preparing educational pamphlets.
- Transportation Volunteers:** Provide transportation for patient to and from doctor's offices, clinics, and hospitals.

**All patient care and professional volunteers receive hospice training and on the job orientation.**

If you would like to be a hospice volunteer, please complete the following application:

**General Information**

Name (last): \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Age (optional): \_\_\_\_\_ Birth Date: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
Briefly describe what you do and why you would like to be a hospice volunteer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Education/Experience**

List your areas of special interest or skill that you feel could be helpful with Hospice patients, you may add to anything not listed above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List two (2) personal references (include city and phone #)  
\_\_\_\_\_  
\_\_\_\_\_

Preferred time available for volunteering:  Day  Evening  Weekend  Other: \_\_\_\_\_

Do you speak a foreign language?  Yes  No If yes, specify: \_\_\_\_\_

Do you have a valid driver's license?  Yes  No Do you have a car available for volunteer work?  Yes  No

Have you experienced the death of a loved one?  Yes  No How long ago: \_\_\_\_\_

Religious/Church Affiliation (optional): \_\_\_\_\_

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Signature of Applicant

Date