



**WEINSTEIN HOSPICE AND SKLAR PALLIATIVE CARE PROGRAM
APPLICATION FOR VOLUNTEER SERVICE**

Name: _____ **Prefer to be called:** _____

Address: _____ **City/State/Zip** _____

Telephone No.: *(home)* _____ *(work)* _____ *(cell)* _____

Fax No.: _____ **Email:** _____

Date of Birth: _____ **Sex:** M F **What languages do you speak?** _____

Emergency Contact:

Name: _____ **Relationship:** _____

Telephone No.: *(home)* _____ *(work)* _____ *(cell)* _____

Present occupation: _____

Employer: _____

Other work experience: _____

Education level reached: _____

Special skills, interests or hobbies you could share: _____

Physical limitations: _____

Current and previous volunteer experiences: _____

Religious identification/synagogue or church affiliation: _____

Observances important to you: *(ex., keeping kosher; Shabbat; religious or family special days)*

How did you hear about the Weinstein Hospice volunteer program? _____

What was your last personal experience with death? *(Please relate the relationship to you, when they died, and the circumstances of the death.)*

Why do you want to work with hospice? _____

I would be interested in volunteer work that involved:

- _____ direct involvement with patient and family
- _____ administrative support in the hospice office
- _____ telephoning or working from my home
- _____ special events and/or community education
- _____ some other activity such as _____

Please use numbers 1 – 5 (1 being most important) to indicate the relative importance to you of the following goals in doing hospice volunteer work:

- _____ to be part of a team
- _____ to be involved in your community
- _____ to meet new people
- _____ to be of service
- _____ to gain increased self knowledge

What do you hope to gain from the experience of being a Weinstein Hospice volunteer? _____

References: (Please list persons from school, church, synagogue, employment, or past volunteering. Do not use family members or close friends.)

Name: _____ **Relationship:** _____

Address: _____

City, State, Zip Code: _____

Home phone: _____ **Work phone:** _____

E-mail address: _____ **Fax number:** _____

Name: _____ **Relationship:** _____

Address: _____

City, State, Zip Code: _____

Home phone: _____ **Work phone:** _____

E-mail address: _____ **Fax number:** _____

I understand that the information provided in this application to volunteer with Weinstein Hospice is part of the volunteer permanent file. This information will be kept confidential and only be used to assist Weinstein Hospice in completing its volunteer screening process and in making the best possible match between me and a patient and/or assignment with the hospice.

I also understand that if I am accepted as a volunteer, I am committed to attending volunteer education and training sessions provided by the hospice and to abiding by the Policies and Standards of Practice of Weinstein Hospice.

I hereby certify that all information included in this application form is true and complete. I give permission to an authorized hospice representative to conduct reference checks with the above named referees and to submit my name for a criminal history background check with the state of Georgia.

Applicant Signature

Date

Please mail this application to *Weinstein Hospice at 3150 Howell Mill Road, N.W., Atlanta, GA 30327*
or fax to *404-351-0182 (Attn Jenifer Firestone)*

Thank you!