



Central Coast Hospice Volunteer Application

(Please Print Neatly)

Name: _____ Nickname: _____

Home Phone: _____ Mailing Address: _____

Cell Phone: _____ Work Phone: _____ Email: _____

Person to be notified in case of an emergency: _____ Phone: _____

What is the best way to contact you? (Circle one) home phone cell phone email work phone text

Employer: _____ Occupation: _____

Can you receive calls at work? (check one): yes no emergency calls only

Education complete: _____

Please list any Professional License, Certificate, or Registration that you may have:

Education or Special Training (please list any training or experience relevant to hospice work):

Work Experience: _____

Other special service/skills/hobbies: (art, music, foreign languages, research, public relations, manicurist, hairdresser, massage therapist, crafting, hobbies)

Previous Volunteer Experience:

What are you looking for in becoming a hospice volunteer?

How did you hear about our volunteer program? _____

What kind of volunteering are you interested in? (check all that apply)

- Respite (temporary rest for the caregiver)
- Vigil (sitting with patient at end of life, extra training offered)
- Administrative (in our office without direct patient contact)
- Bereavement support
- Spiritual Care support
- Skill Based Roles (music, art, haircuts, massage etc.)
- If selected to be a patient care volunteer, can you commit to volunteering a minimum of three hours per week for one year? _____

Please describe your availability for volunteer service:

Mornings: _____ Afternoons: _____ Evenings: _____

Weekdays: _____ Weekends: _____ Other: _____

Do you have access to reliable transportation? ___ yes ___ no ___ public/bicycle

- Are you willing to be considered for matches in (circle all that apply)

SLO County/No. SB County Vols: Santa Maria, Nipomo, Five Cities, SLO, Coastal Towns, Atas/Temp, Paso

Santa Barbara Volunteers: Santa Barbara, Carpenteria, Goleta

Have you ever been with someone at the time of their death? If yes, please describe briefly:

Have you ever provided care to anyone who was dying? If yes, please describe briefly:

Please list significant losses that have occurred in your life:

Please list three personal references (excluding family members) email is preferable

Name _____

Email _____ Phone _____

Name _____

Email _____ Phone _____

Name _____

Email _____ Phone _____

I certify that the information I provided in this application is true and complete to the best of my knowledge. I authorize Central Coast Hospice to contact my employer and other resources to investigate any of the facts set forth in this application or resume.

Signed _____ Date: _____

Please forward to: Central Cost Hospice, 253 Granada Dr. Suite D, SLO, CA 93401