

Generations Hospice

Service Corporation

"From One Generation to Another..."

Helping Make Transitions in Life"



Volunteer Application

Return Application to:

Generations Hospice Service Corp.

32948 LA Hwy 16

Denham Springs, LA 70706

PLEASE PRINT

Name: _____

Date: _____

Address: _____

Home Phone: _____

Day Phone: _____

Social Security #: _____

Date of Birth: _____

Email: _____

Education (highest level): _____

Present Employer: _____

Occupation: _____

Work experience: _____

Volunteer experience and dates: _____

List (2) personal references that we may contact:

Name: _____

Address: _____

Name: _____

Address: _____

Are you fluent in a language other than English? Yes No

Language: _____ Speak Read Write

Language: _____ Speak Read Write

Do you have reliable transportation? Yes No

Do you have a valid driver's license? Yes No

Do you have current liability insurance? Yes No

Areas of Interest: (check all that apply)

Indirect patient services

- | | |
|---|---|
| <input type="checkbox"/> clerical (in office) | <input type="checkbox"/> fund raising |
| <input type="checkbox"/> mailing out | <input type="checkbox"/> telephone duties |
| <input type="checkbox"/> newsletter | <input type="checkbox"/> deliver holiday gifts |
| <input type="checkbox"/> prepare holiday gift | <input type="checkbox"/> deliver birthday cakes |
| <input type="checkbox"/> special events | <input type="checkbox"/> speakers bureau |

Direct patient services

- | | |
|---|---|
| <input type="checkbox"/> companionship to patient | <input type="checkbox"/> patient care |
| <input type="checkbox"/> relieve caregiver | <input type="checkbox"/> meal preparation |
| <input type="checkbox"/> yard care | <input type="checkbox"/> errands |
| <input type="checkbox"/> homemaker chores | |

Bereavement services

- | | |
|--|--|
| <input type="checkbox"/> telephone caller | <input type="checkbox"/> home visits |
| <input type="checkbox"/> office (clerical) | <input type="checkbox"/> office (computer) |

Other special services/training (i.e., hairdresser, manicurist, masseuse, etc...): _____

How did you hear about Generations Hospice Volunteer Services? _____

Why do you want to be a hospice volunteer? _____

What qualities (skills, talents, knowledge or experience) do you feel you can incorporate into your role as a hospice volunteer? _____

How do you see hospice volunteer work satisfying your personal needs or interests? _____

ISSUES ON DEATH AND DYING

What are your personal views about death? _____

Do you fear death? Yes No

Do you fear the death of a loved one more or less than your own? More Less

Have you ever been with someone at the time of their death? If so, explain.

Have you ever served as a caregiver to anyone who was very ill? If so, explain.

When thinking about your own death, what words best describe your thoughts?

I do not want to think about my own death.

Natural Dark Peaceful Painful

Joyful Frightening Other: _____

What is your availability for volunteer work? Days Evenings Weekends

Anticipated number of hours of availability: ____/week or ____/month

Other: _____

Applicant's Signature: _____