



# HOSPICE CARE

in The Berkshires, Inc.

AN AFFILIATE OF  
INTEGRITUS HEALTHCARE

## Volunteer Application

Name \_\_\_\_\_ Date \_\_\_\_\_

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

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

How did you learn about HospiceCare? \_\_\_\_\_

**Volunteer Preference:** (please circle): *Patient Family Volunteer* or *Administrative Volunteer*

### **Education/ Special Training**

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### **Work Experience**

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**Past or present volunteer experiences** (Agencies, Dates)

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**What qualities (skills, talents, knowledge and experiences) do you feel you can incorporate into your hospice volunteer work?**

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**Death & Dying**

What are your thoughts and feelings about death? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been with someone at the time of their death?  No  Yes *(If yes, please explain)*

If yes, please describe briefly and how recent: \_\_\_\_\_

Have you ever provided care to anyone who was dying?  No  Yes *(If yes, please explain)*

\_\_\_\_\_  
\_\_\_\_\_

Why do you want to become a HospiceCare volunteer? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**References** (Please list two references other than family members):

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to reference \_\_\_\_\_ Relationship to reference \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date