



Northern Arizona Hospice

Northern Arizona Healthcare

269 South Candy Lane, Cottonwood, AZ 86326
928 639-6676 fax 928 639-6078

1200 N. Beaver Street, Flagstaff, AZ 86001
928 773-2238 fax 928 773-2078

HOSPICE VOLUNTEER APPLICATION

The following questions are being asked for the purpose of placement with patients/families and within Hospice. Please understand it is optional whether or not you answer the questions. All information will be held in strictest confidence.

Date _____

Name _____ DOB: ___/___/___ SSN: ___-___-___

Address _____ City _____ State ___ ZIP _____

Home phone _____ Other phone _____

What phases of Hospice services are you interested in?

_____ Patient/family contact _____ Office/Clerical

_____ Fund Raising _____ Chaplain

_____ Other _____

Why are you interested in volunteering for Hospice? _____

How and where did you learn about Hospice? _____

Present occupation _____ Previous _____

Highest level of education completed _____ Degrees? _____

Are you presently attending a college or university? _____ If so, part-time or full-time? _____

Religious Preference _____

When will you be able to begin volunteer work? _____

For purposes of individual placement, please list:

Special skills _____

Special Hobbies or interests _____

Language(s) other than English? _____

Please list two references (friends, relatives or employers)

Name	Address	Phone
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Have you been widowed? _____ If so, when? _____

Has someone in your immediate family died? _____ How long ago? _____

Have you had a life-threatening illness? _____

Do you have a life-threatening illness at this time? _____

Additional Comments
