



Northern Arizona Hospice  
Northern Arizona Healthcare

269 South Candy Lane, Cottonwood, AZ 86326  
(928) 639-6675 (928) 639-6078 fax

**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: \_\_/\_\_/\_\_

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 \_\_\_\_\_

(over)

Highest level of education completed \_\_\_\_\_ Degrees? \_\_\_\_\_

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

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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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

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