

Your name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home address: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Birthday: \_\_\_\_\_

Education, work experience, and other training: \_\_\_\_\_

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

Other experience, skills, special areas of interest, hobbies (e.g., massage, arts/crafts, foreign language, hairdressing, music, group activities, etc.): \_\_\_\_\_

Are there any specific ways you would like to be involved with the Hospice program?  
\_\_\_\_\_

**History of your experience as a volunteer:**

Name of Agency or Institution	Length of Service	Description of Service

Can you drive? (circle one) Yes No

Do you have a car available for your use? Yes No

At what time(s) are you most readily available? \_\_\_\_\_

\_\_\_\_\_

How did you hear about the Hospice program? \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

What does "Hospice" mean to you? \_\_\_\_\_

\_\_\_\_\_

*(continued, over...)*

**Do you have any medical problems that might restrict your ability to do specific services?** Yes No

**If "yes," please explain:** \_\_\_\_\_

\_\_\_\_\_

**Are you able to make a one-year commitment to service in the Hospice program?** Yes No

**Comments:** \_\_\_\_\_

*Northfield Hospital + Clinics will conduct a criminal background check prior to your involvement as a volunteer.*

**I am voluntarily offering my services to Northfield Hospice with the understanding that there will be no monetary compensation.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please return completed form to:***

Hospice Volunteer Coordinator

Northfield Hospice

2000 North Avenue

Northfield, MN 55057-1697

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*To be completed by Volunteer Coordinator:*

**Health Clearance (date):** \_\_\_\_\_

**Minnesota Background Study (date cleared):** \_\_\_\_\_

**Confidentiality Statement received:** \_\_\_\_\_

**Certificate of Completion (date):** \_\_\_\_\_

**Orientation Complete (date):** \_\_\_\_\_