

HOUSE OF JOHN 14 Spring St. Clifton Springs, NY 14432 (315) 462-5646

VOLUNTEER APPLICATION

Thank you for your interest in becoming a volunteer. While some of the questions on this form may seem personal or private, we can assure you that this application is confidential.

DATE: _____

NAME: _____ **PHONE: (Home/Cell)** _____

ADDRESS: _____

_____ **EMAIL:** _____

EDUCATION/SCHOOLS ATTENDED: _____

DEGREE: _____ **MAJOR:** _____

EMPLOYMENT HISTORY:

CURRENT EMPLOYER: _____ **JOB TITLE:** _____
ADDRESS: _____
PHONE: _____

PAST EMPLOYMENT: _____ **JOB TITLE:** _____
ADDRESS: _____
PHONE: _____

VOLUNTEER EXPERIENCE (Please include dates, description of work, name of agency)

HOBBIES/INTERESTS: _____

PROFESSIONAL HONORS/AFFILIATIONS: _____

DO YOU HAVE A VALID DRIVER'S LICENSE: _____

ARE YOU ABLE TO VOLUNTEER THROUGHOUT THE YEAR: _____

DO YOU HAVE ANY PHYSICAL OR MENTAL LIMITATIONS WHICH MIGHT INTERFERE WITH YOUR ABILITY TO BE A VOLUNTEER: _____ **YES** _____ **NO**

IF YES, PLEASE EXPLAIN: _____

PLEASE DESCRIBE THE SPIRITUAL NATURE OF YOUR LIFE: _____

TELL BRIEFLY ABOUT YOUR PARENTS, BROTHERS & SISTERS; _____

WHAT DOES HOSPICE/COMFORT CARE MEAN TO YOU: _____

HAS SOMEONE CLOSE TO YOU DIED RECENTLY? WHAT OTHER SIGNIFICANT LOSSES HAVE AFFECTED YOUR LIFE. PLEASE EXPLAIN: _____

WHY DO YOU WANT TO VOLUNTEER WITH THE DYING: _____

DO YOU HAVE EXPERIENCE WORKING WITH FAMILIES (THROUGH EMPLOYMENT, VOLUNTEERING, OR PERSONAL LIFE): _____

HOW DID YOU LEARN ABOUT HOUSE OF JOHN: _____

DO YOU HAVE SPECIFIC CONCERNS OR APPREHENSIONS REGARDING PALLIATIVE CARE, OR CARING FOR THE DYING: _____

REFERENCES: Please list three people who can be contacted as references (not relatives). If possible, please supply references from your volunteering or employment experiences:

1. Name: _____ Relationship: _____

Address: _____ Phone: _____

2. Name: _____ Relationship: _____

Address: _____ Phone: _____

3. Name: _____ Relationship: _____

Address: _____ Phone: _____