



**VOLUNTEER APPLICATION FORM**

*Please complete and return this application to:*

Hospice of Hilo  
ATTN: Pearl Lyman  
1011 Waiuanue Ave.  
Hilo, HI 96720-2019  
Phone: (808) 969-1733 Fax: (808) 969-4863 Email: [pearl@hospiceofhilo.org](mailto:pearl@hospiceofhilo.org)

*Thank you for your interest in volunteering with Hospice.*

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

\_\_\_\_\_  
Physical Address Social Security Number

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Home Phone Cell Phone Business Phone E-mail Address

\_\_\_\_\_  
Previous address if less than 3 years at current residence

In Case of Emergency, please notify: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Education: Highest Grade Completed: \_\_\_\_\_ Major Field of Study: \_\_\_\_\_

Professional/Special Training: \_\_\_\_\_

\_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Experience: \_\_\_\_\_

\_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

\_\_\_\_\_

Special Skills/Hobbies/Experience you bring to this work: \_\_\_\_\_

\_\_\_\_\_

Do you have your own transportation/car available to you?  Yes  No

Do have a valid Driver's License?  Yes  No

Auto Insurance Carrier and Policy # \_\_\_\_\_

Physical limitations, disabilities or chronic health problems which may affect your volunteer placement:

\_\_\_\_\_

\_\_\_\_\_

How did you hear about Hospice of Hilo? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What outside activities are you actively involved in? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Briefly share with us why you want to be a Volunteer for Hospice of Hilo? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LOCAL PERSONAL REFERENCES: (NOT relatives)**

Name:	Phone:
Address:	Relationship:

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Address:	Relationship:

## *About You (Optional Information)*

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The following information will be used to help match volunteers more closely with patients and families, but will not be utilized to determine your eligibility for a volunteer position with Hospice of Hilo. This information will be held in strict confidence with only the Coordinator of Volunteer Services, Executive Director and the Clinical Director having access.

Birthdate: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Male    Female

Children:  Yes    No

Ages of Children: \_\_\_\_\_

Number of children living at home: \_\_\_\_\_

Your religious affiliation/spiritual beliefs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ethnic Group you identify with: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Languages spoken: \_\_\_\_\_

\_\_\_\_\_

What life stresses have you experienced within the last 12 months?

\_\_\_\_\_ Loss of a friend

\_\_\_\_\_ Major change in finances

\_\_\_\_\_ Difficult relationship

\_\_\_\_\_ Major illness

\_\_\_\_\_ Accident

\_\_\_\_\_ Relocation

\_\_\_\_\_ Loss of job

\_\_\_\_\_ Illness/death of closely related person

\_\_\_\_\_ Other (Please describe): \_\_\_\_\_

How has this experience affected your life?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Lose yourself in generous service and every day can be a most unusual day, a triumphant day, an abundantly rewarding day.*

~ William Arthur Ward

Which community and/or subdivision do you live in? \_\_\_\_\_

Which geographical areas would you be willing to serve?

Hamakua \_\_\_\_\_ Hilo \_\_\_\_\_ Volcano \_\_\_\_\_ Puna \_\_\_\_\_ Kau \_\_\_\_\_

How many hours per week are you available? (You are not committing yourself to these times, just listing the possibilities which exist in your schedule). \_\_\_\_\_

How do you feel about working with someone of a different religious faith, different sexual orientation, or a different culture than yours? \_\_\_\_\_

Any other information that you would like us to know? \_\_\_\_\_

What areas of volunteer work are you interested in?

\_\_\_\_ Arts and Crafts

\_\_\_\_ Cooking

\_\_\_\_ Photography

\_\_\_\_ Babysitting

\_\_\_\_ Entertaining

\_\_\_\_ Repair

\_\_\_\_ Barbering

\_\_\_\_ Errands

\_\_\_\_ Sewing

\_\_\_\_ Bereavement Care

\_\_\_\_ Fund Raising

\_\_\_\_ Teaching

\_\_\_\_ Carpentry

\_\_\_\_ Hairdressing

\_\_\_\_ Transportation

\_\_\_\_ Cleaning

\_\_\_\_ Laundry

\_\_\_\_ Video

\_\_\_\_ Clerical

\_\_\_\_ Massage

\_\_\_\_ Yard Work

\_\_\_\_ Companion/Respite Care

\_\_\_\_ Music

\_\_\_\_ Spiritual Support

\_\_\_\_ Computer

\_\_\_\_ Patient Care

\_\_\_\_ Other - Please list others that apply: \_\_\_\_\_

Has someone close to you died?  Yes  No If so, when? \_\_\_\_\_

What was your relationship with this person? \_\_\_\_\_

In what way did this person's death affect you?

**I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that Hospice of Hilo will conduct a criminal and traffic background check on me.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Once your completed application has been received, you will be contacted to schedule a required pre-training interview.*