



CENTRA

Hospice

Volunteer Training Application

Please complete the following information and return to:

___ Lynchburg Hospice Office: 2097 Langhorne Road, Lynchburg, VA 24501

___ Farmville Hospice Office: 713 Oak Street, Farmville, VA 23901.

___ Bedford Hospice Office: 1621 Whitfield Drive #C, Bedford, VA 24523

Identification

Name _____ Date: _____

Address _____ Zip _____

Email Address _____ Cell _____

Home Phone _____ Business Phone _____

Last 4 digits of Social Security Number _____ Date of Birth _____

Sex (please check) Male _____ Female _____

In case of emergency, notify _____ Phone _____

Religious Affiliation Church _____

Protestant _____ Roman Catholic _____ Jewish _____

None _____ Other (please specify) _____

Please check the appropriate box(s) for each of the following;

Family

Current marital status

_____ Married _____ Separated _____ Divorced

_____ Widowed _____ Single, never married

Education

Level of education (please check the highest level completed)

- _____ Some or No High School
- _____ High School graduate
- _____ Some College, professional, technical school
- _____ College, professional school graduate
- _____ Post-graduate work

Please specify your field of study _____

Are you currently in school? _____ Yes (full time) _____ (part time)
_____ No

Employment

Are you currently employed?

_____ full time _____ part time _____ No

If yes, where? _____

What is your job title _____

Have you done any volunteer work in the past, if so what type?

Are you currently doing any volunteer work if so, what type?

Do you have any experience with groups, such as group therapy or self-help group? Yes (please specify) _____

No _____

Skills

Do you know a foreign language? _____ Yes _____ No

If yes, which language(s) are you fluent in? _____

Health

How would you describe your general health in the past year?

_____ Good _____ Fair _____ Poor

Do you have any physical restrictions that might affect your area of volunteer placement with hospice (i.e. bad back, hearing or vision problems, etc.)

_____ Yes (please specify) _____

_____ No

Personal experiences with death

Please list your last experience with a death of a family member or someone close to you.

Relationship _____ Date of Death _____

Cause of death if known _____

List any other experiences you have had with death, dying or grief you feel are important to your qualifications with the hospice program.

Transportation

Do you drive? _____ Yes, any time _____ Yes, only in daylight
_____ No

Reason for Volunteering

In your own words, please describe why you have decided to volunteer with hospice.

Referral Source

How did you hear about the training program?

_____ Know a current or former hospice volunteer personally

_____ Met a hospice volunteer in a service situation

_____ Newspaper article

_____ Church or synagogue announcement

_____ Radio announcement

_____ Community presentation

_____ Other _____

Please list at least 3 references other than family members

NAME	ADDRESS	PHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Work Availability

Please check how frequently you are able to volunteer your time

_____ once a week _____ twice a week

_____ once a month _____ twice a month

_____ occasionally for special projects

What day (or days) are you available to volunteer your time

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday

_____ Friday _____ Saturday _____ Sunday

Please use the space below to share your special talents and interest you are willing to share with Hospice families (i.e. knitting, crocheting, needle work, baking, gardening, crafts, teaching, animal lover, sports enthusiast, etc.)

For questions please call our Volunteer Coordinators:

Lynchburg Hospice Office- (434) 200-5077
Farmville Hospice Office- (434) 315-2885
Bedford Hospice Office- (540) 587- 6592

Thank you for your time, interest and dedication to Centra Hospice!