



Volunteer Application

We appreciate your interest in volunteering for Concordia Hospice of Washington. Our team is committed to making your experience rewarding and beneficial to the communities that we serve. The information in this application will enable us to provide the most appropriate volunteer assignments possible.

General Information:

Name: _____ Date of Application: _____

Address: _____
(Street) (City) (State) (Zip)

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Email Address: _____

Social Security Number: _____ Date of Birth: ____/____/____

When would you be available for hospice volunteering?

Daytime ____ Evenings ____ Weekends ____ How many hours per week? ____

Which days would you be available? _____

Employment:

May we contact you at work? Yes ___ No ___ Hours that you work: _____

Please list your employer(s) for the past five years.

Dates	Employer	Occupation/Position
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Languages spoken other than English: _____

(Please continue to next page)

Education/Special Training/Life Skills/Work Experience: List those items which you believe could be helpful to you in hospice, i.e., office skills, special trainings, art, etc.

Dates

Education/Experience

_____	_____
_____	_____
_____	_____

List any **Hobbies or Special Interests:**

Personal information:

Have you ever done any volunteer work? Where? _____

How did you hear about Concordia Hospice of Washington? _____

Why do you wish to be involved in hospice work? _____

Will you be able to work with someone of a different religious faith than you? YES ___ NO ___

Will you be able to work with someone who practices a different lifestyle than you? YES ___ NO ___

Are there any special circumstances relating to your health that we should consider when assigning you to a patient YES ___ NO ___ If yes, please explain: _____

Has someone close to you died? YES ___ NO ___

If yes, when did this occur? _____

How did this person's death affect you? _____

(Please continue to next page)

Volunteer Opportunities

Please indicate all areas in which you would be interested:

- Patient care and companionship (patient homes)
- Inpatient unit support (Donnell House located in Washington, PA)
- Cook or bake for our inpatient units
- Angels On Call (end of life patient care)
- Fundraising
- Music ministry
- Pet therapy
- Bereavement visitation
- Bereavement telephone contact
- Clerical/administrative
- Special events
- Other, please specify _____

References:

Please list three references (no relatives) that you have known for at least one year and provide complete addresses.

Name	Address	Telephone Number

Please mail application to: Volunteer Coordinator
Concordia Hospice of Washington
10 Leet Street
Washington, PA 15301

If you have any questions, please call: 724 – 250 – 4500

Concordia Hospice of Washington provides care to our patients and their loved ones regardless of race, sex, color, national origin, ancestry, religion, illness, or any other category protected under applicable law. Our policy of non-discrimination covers the services we provide, referrals, employment and volunteer actions.