

**ALL CARE HOSPICE**  
*Volunteer Application Form*

This application form was developed specifically for the Hospice program and is confidential. The information will help us to find the kind of work assignment you will most enjoy.

**Contact Information**

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

Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Best Phone Number to Contact: \_\_\_\_\_ Best Time to call: \_\_\_\_\_

**How did you learn about All Care Hospice?**

- Flyer
- Newspaper Ad
- Internet
- Friend
- Other - Please specify: \_\_\_\_\_

**Why are you considering becoming a Hospice Volunteer?**

**Has someone close to you died recently? If yes, please explain the impact on you:**

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**Volunteer Experience**

**Date**

**Description of Work**

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**Availability – Please indicate all that apply.**

**Weekdays:**

**Weekends:**

- Morning
- Afternoon
- Evening
- Over-night

- Morning
- Afternoon
- Evening
- Over-night

Specific days: \_\_\_\_\_

**Special Skills**

- Foreign Language \_\_\_\_\_
- Arts/Crafts \_\_\_\_\_
- Music \_\_\_\_\_
- Health Care \_\_\_\_\_
- Other \_\_\_\_\_

Please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any other remarks? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Volunteer's Signature**

\_\_\_\_\_  
**Interviewer's Signature**

**Date:** \_\_\_\_\_

**All Care Hospice, our clients and their families thank you for your interest in volunteering with us.**

**PLEASE MAIL COMPLETED APPLICATION TO:**  
Volunteer Coordinator, All Care Hospice, 210 Market Street, Lynn, MA 01901