

Volunteer Application

Full Name:	Title: 🗆 Mr. 🗆 Mrs. 🗆 Ms. 🗆 Miss 🗆 Dr. 🗆 Other:
Address:	City: State: Zip:
Phone #1:	🗆 Cell 🗆 Home 🗆 Work 🗆 Other:
Phone #2:	🗆 Cell 🗆 Home 🗆 Work 🗆 Other:
Email address:	Email permission*: Yes No updates, opportunities, and agency news to our team of volunteers;
Occupation: (if retired, please list previous occupation):	
Driver's License / State ID #:	State: Auto Insurance Carrier:
Emergency Contact:	Relationship: Phone #:
Are you a veteran or active duty military? Yes No	If yes, please indicate branch of service:
 Area(s) of Volunteer Interest (please select all that apply): Patient Care to provide companionship and caregiver relief to p Vigil Program to be present with those who would otherwise di Administrative to help in the hospice office Community Outreach for Mission Hospice at health fairs and ot Sewing to create memory bears and quilts for families, using clos Specialty Care to provide specialized services to hospice patient Aromatherapy (certification required) Energy Therapy (certification required) Haircut (license required) Hypnosis (certification required) 	e alone her community events othing items of the loved one that has passed away
Why would you like to volunteer with Mission Hospice?	
Please describe your work or other experiences which have prepared you to be a volunteer:	
What personal strengths and characteristics will you best be able to provide as a volunteer?	
Surviving family members wishing to join the volunteer staff in a patient care or community outreach capacity are strongly encouraged to wait a minimum of one (1) year following the death of their loved one.	
The last death I was impacted by was year(s) ago and the	
Have you ever been convicted of a felony or been notified of any e	
References: I understand that I will be required to provide two (2) references of individuals who know me on a professional and/or personal basis. Please initial:	
How did you hear about volunteering for Mission Hospice? □ Family/Friend □ Mission Hospice Staff □ Mission Home Health Staff □ Craigslist □ TV/ □ Other (specify):	sion Hospice Volunteer Website Brochure / Flier Radio/Newspaper Training Course at Mission Hospice
Signature:	Date:
	Hospice Services of San Diego, Inc. – Volunteer ResourcesEmail:volunteers@missionhh.comFax:619-814-4021

Toll Free: 1-855-848-5433

Web: www.missionhospice.com

Phone: 619-814-6026