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

* Email provides us with the most efficient means of communicating updates, opportunities, and agency news to our team of volunteers; your email will not be shared with anyone outside of Mission.

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 patients and families affected by life-limiting illness
☐ **Vigil Program** to be present with those who would otherwise die alone
☐ **Administrative** to help in the hospice office
☐ **Community Outreach** for Mission Hospice at health fairs and other community events
☐ **Sewing** to create memory bears and quilts for families, using clothing items of the loved one that has passed away
☐ **Specialty Care** to provide specialized services to hospice patients

- ☐ Aromatherapy (certification required)
- ☐ Emotional Freedom Technique (certification required)
- ☐ Energy Therapy (certification required)
- ☐ Haircut (license required)
- ☐ Hypnosis (certification required)
- ☐ Massage (license required)
- ☐ Music
- ☐ Notary Services (commission # required)
- ☐ Pet Therapy (license required)
- ☐ Reflexology (certification required)

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 relationship was: ______________________________________

Have you ever been convicted of a felony or been notified of any exclusion action? ☐ Yes ☐ No

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 Hospice Volunteer ☐ Website ☐ Brochure / Flier
☐ Mission Home Health Staff ☐ Craigslist ☐ TV/Radio/Newspaper ☐ Training Course at Mission Hospice
☐ Other (*specify*): ____

Signature: ____ **Date**: ____________________________________

Please return this completed application to Mission Hospice Services of San Diego, Inc. – Volunteer Resources
Mail: 2365 Northside Drive, Suite 100, San Diego, CA 92108 **Email:** volunteers@missionhh.com **Fax:** 619-814-4021
Phone: 619-814-6026 **Toll Free:** 1-855-848-5433 **Web:** www.missionhospice.com