



## Staff Support Volunteer Application

Please complete this application and return it to:  
Radha Mallery, Coordinator of Volunteers  
Hospice of Santa Cruz County  
940 Disc Drive  
Scotts Valley, CA 95066

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Work Phone#: \_\_\_\_\_

Email address: \_\_\_\_\_

Have you attended a Hospice of Santa Cruz County Volunteer Orientation?

Yes  No  If yes, date: \_\_\_\_\_

Are you currently in school? (Please check)

Yes, full time  Yes, part time  No

Do you plan to return to school in the near future? Yes  No

Are you currently employed? (Please check)

Yes, full time  Yes, part time  No

If yes, name of employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

How would you describe your general health? \_\_\_\_\_

Is there anything preventing you from lifting 25 pounds? \_\_\_\_\_

Have you ever had a communicable disease that could now be a potential risk to a patient? Yes  No

If yes, please describe: \_\_\_\_\_

Do you have any condition that makes you at high risk for contracting a communicable disease? Yes  No

If yes, please elaborate: \_\_\_\_\_

How much time do you have to volunteer each week? \_\_\_\_\_

Do you have weekday, daytime availability? Yes  No

What transportation will you use for the hospice work? \_\_\_\_\_

Do you speak any other languages? Yes  No

Specify languages and proficiency: \_\_\_\_\_

Do you have friends or relatives who have been involved with hospice work?

If so, who? \_\_\_\_\_

Please describe your skills: \_\_\_\_\_

\_\_\_\_\_

We require two letters of reference. Please list **names and addresses** of two people whom we will contact.

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

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

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

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

**Please answer the following:**

1) Describe any related experience, including other volunteer work:

2) What are your sources of emotional support?

3) What do you think are the most important ways to help people who are in trouble or close to you?

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

*Thank you for your application. For more information, please contact Hospice of Santa Cruz County at 430-3000.*