



HOSPICE
OF SANTA CRUZ COUNTY

Your choice, your journey.

Volunteer Visitor Application

Please complete this application and return it to:
Forbes Ellis, MFT, Director of Volunteer Services,
940 Disc Dr. Scotts Valley, CA. 95066

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip code: _____

Cell Phone#: _____ Home Phone#: _____

Email address: _____

Education: (please check)

High school graduate

Some college

College graduate

Post graduate work

Field of study: _____

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: _____

If not, do you plan to work in the near future? Yes No

If yes, name of employer: _____

Job Title: _____

How would you describe your general health? _____

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 to visit clients or attend groups? _____

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? _____

We require two letters of reference. We will send a letter to your contacts. All you have to do is list the **names and full addresses** of two people whom **we will contact**.

(Persons other than family/spouse/partner or Hospice Staff). Thank you.

Name: _____

Address: _____

Name: _____

Address: _____

Please answer the following:

- 1) Describe any related experience, including other volunteer work:
- 2) Have you attended any related classes, conferences or workshops?
- 3) What are your sources of emotional support?
- 4) What do you think are the most important ways to help people who are experiencing difficult/troubling times?
- 5) What kinds of situations or people might be most challenging for you?
- 6) Explain what you hope to contribute through your hospice work.
- 7) Have you recently experienced a death or other major loss? If so, when?

Applicant Signature

Date

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