



Volunteer Visitor Application

Please complete this application and return it to:

Forbes Ellis, MFT, Director of Volunteer Services,
940 Disc Drive, Scotts Valley, CA 95066

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone #: _____ Home Phone #: _____

Email address (*Please print clearly*): _____

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? _____

(Continued)

Volunteer Visitor Application (continued)

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? Yes No

If so, who? _____

We require two letters of reference. We will send an Email to your contacts. All you have to do is list the **names and email addresses** of two people whom **we will contact**. **(Persons other than family/spouse/partner or Hospice Staff). Thank you.**

Name: _____

Email Address: _____

Name: _____

Email Address: _____

(Continued)

Volunteer Visitor Application (continued)

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) Describe how you work with a team/a supervisor. What are your strengths, what are your growing edges?

6) Explain what you hope to contribute through your hospice work. _____

7) Have you recently experienced a death or other major loss? Yes No

If yes, when? _____

Applicant Signature: _____ **Date:** _____

Thank you for your application. For more information, **please contact Forbes Ellis at Hospice of Santa Cruz County, (831) 430-3045.**