



# Volunteer Visitor Application

Please complete this application and return it to:  
Forbes Ellis, MFT, Director of Community Programs  
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)

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. Please ask your references to email 1–2 paragraphs to [hpolom@hospicesantacruz.org](mailto:hpolom@hospicesantacruz.org)  
**(Persons other than family/spouse/partner or Hospice Staff). Thank you.**

## Please answer the following:

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

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## Volunteer Visitor Application (continued)

2) Have you attended any related classes, conferences or workshops? \_\_\_\_\_

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3) What are your sources of emotional support? \_\_\_\_\_

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4) What do you think are the most important ways to help people who are experiencing difficult/troubling times?

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5) What kinds of situations or people might be most challenging for you? \_\_\_\_\_

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

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7) Explain what you hope to contribute through your hospice work. \_\_\_\_\_

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

If yes, when? \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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