HOSPICE
OF SANTA CRUZ COUNTY

Volunteer Visitor Application

Please complete this application and return it to:
Hana Polom
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 **(Persons other than family/spouse/partner or Hospice Staff). Thank you.**

Please answer the following:

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

_____

_____

_____

_____

_____

(Continued)

Volunteer Visitor Application (continued)

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?

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

8) 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 Hana Polom at Hospice of Santa Cruz County, 831.430.3029.**