



- VOLUNTEER APPLICATION -

Name: _____ Date: _____

Address: _____ Zip: _____

Home Phone: _____ E-mail: _____

Business Phone: _____ Occupation: _____

Name and phone number of person to be contacted in case of emergency:

EDUCATION AND SPECIAL TRAINING

NAME/LOCATION

VOLUNTEER AND EMPLOYMENT EXPERIENCE

NAME/LOCATION

How did you learn about Old Colony Hospice? _____

Reasons for wanting to become a hospice volunteer: _____

I am able to make the requisite 1 year commitment: YES NO

I have reliable transportation YES NO

a valid drivers license YES NO

auto insurance YES NO

There are physical limitations that would restrict me from fulfilling volunteer duties:

YES NO

Please circle towns you might be willing to cover:

Avon	Easton	Hingham	Norwell	Sharon
Abington	E Bridgewater	Holbrook	Norwood	Stoughton
Braintree	Foxboro	Lakeville	Quincy	Taunton
Bridgewater	Halifax	Mansfield	Randolph	Walpole
Brockton	Hanover	Middleboro	Raynham	Westwood
Canton	Hanson	Milton	Rockland	Weymouth
Dedham		Norton		W Bridgewater
Whitman				

Please indicate when you would prefer to visit a patient (Day Evening or Weekend):

Patient-care volunteers can specialize in several different areas.

Please circle any of the following specialties that are of interest to you:

Reiki	Pet Therapy	Other _____
Rosary	Music	_____
Vigil	Veterans	_____

References will be requested.

Please Note: Because Hospice volunteers are faced with issues of death dying and bereavement potential volunteers who are surviving family members are encouraged to wait a minimum of at least one year following a personal loss before serving as patient-care volunteers.

Signature: _____

Please complete this form and return to:

Christina Finelli LMHC
 Old Colony Hospice
 One Credit Union Way
 Randolph MA 02368
 Phone: 781-341-4145 ext. 201
 FAX: 781-297-7345