



**VISITING VOLUNTEER APPLICATION**

DATE \_\_\_\_\_

NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

SPOUSE/PARTNER'S NAME \_\_\_\_\_

RELIGIOUS BELIEFS \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_ E-MAIL \_\_\_\_\_

\_\_\_\_\_ FAX \_\_\_\_\_

OCCUPATION \_\_\_\_\_ BUSINESS ADDRESS \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_

LANGUAGES SPOKEN \_\_\_\_\_ WRITTEN \_\_\_\_\_

SIGNIFICANT DEATHS/LOSSES (family, close friend, etc.) AND INCLUDE DATES:

\_\_\_\_\_  
\_\_\_\_\_

PREVIOUS VOLUNTEER WORK \_\_\_\_\_

\_\_\_\_\_  
SKILLS, INTERESTS, HOBBIES \_\_\_\_\_

\_\_\_\_\_  
EDUCATION/FIELD OF STUDIES \_\_\_\_\_

DO YOU HAVE A CAR TO USE? YES ( ) NO ( ) ALLERGIES? \_\_\_\_\_

HOURS AVAILABLE \_\_\_\_\_ DAYS AVAILABLE \_\_\_\_\_

WOULD YOU BE AVAILABLE ON-CALL? \_\_\_\_\_ TO NIGHT SIT? \_\_\_\_\_

WHY ARE YOU INTERESTED IN PALLIATIVE CARE? \_\_\_\_\_

\_\_\_\_\_  
ADDITIONAL COMMENTS \_\_\_\_\_