



Hospice Brazos Valley

VOLUNTEER APPLICATION

Please complete as thoroughly as possible.

Name: _____

Mailing Address: _____

City/St/Zip: _____

Phone (Home): _____ (Work): _____ (Cell): _____

Email: _____

Date of Birth (month/day/year): _____ Highest level of education completed: _____

Social Security Number: _____

Are you fluent in other languages? If so, which? _____

Do you read this language? Yes No Do you write in this language? Yes No

Hobbies, interests, talents, skills _____

Your employer (if any): _____

Military background: _____

Would you be willing to drive your car for hospice work? (Please circle) Yes No Uncertain

Distance willing to travel (round trip per visit): _____

At this time, when are you available to volunteer?

Mon Tues Wed Thurs Fri Sat Sun

Mornings Afternoons Evenings

Do you have health-related problems or physical limitations? _____

Please indicate areas of volunteer services in which you may be interested:

- | | | |
|--|---|--|
| <input type="checkbox"/> Patient/Family Visits | <input type="checkbox"/> Posy Express | <input type="checkbox"/> Resale Store |
| <input type="checkbox"/> Office Work | <input type="checkbox"/> Flower Arranging | <input type="checkbox"/> (Bryan or Brenham) |
| <input type="checkbox"/> Fundraising Events | <input type="checkbox"/> Posy Express | <input type="checkbox"/> Inpatient Facility |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Flower Delivery | <input type="checkbox"/> (Bryan) |
| <input type="checkbox"/> Bereavement Services | <input type="checkbox"/> Making Comfort Shawls/
or Quilts for Patients | <input type="checkbox"/> Gardening/Yard
Maintenance |

Do you specifically want to volunteer for one of our resale stores? If so, which one?

Hospice Thrift Store (Bryan) _____

Brenham Boutique _____

Do you have retail experience? _____

Spiritual Affiliation: _____ Local Fellowship: _____

Clubs and Organizations: _____

Past/Present Volunteer activities: _____

How did you hear about the HBV volunteer program? _____ Website _____ Social Media

_____ Newspaper/Magazine _____ Health Fair _____ Friend _____ Brazos Co. CORPS Program

_____ Other _____

Why do you want to be a hospice volunteer? _____

What significant experiences have you had with a person living with a terminal illness?

Has someone close to you died recently? If yes, please describe: _____

HBV recommends that all volunteers wait 12 months after the death of a loved one to begin volunteering.

Please list two (2) personal references:

1. Name _____ Relationship _____

Address _____

City/St/Zip _____ Phone _____

2. Name _____ Relationship _____

Address _____

City/St/Zip _____ Phone _____

Person to be notified in case of an emergency:

Name _____ Relationship _____

Address _____

City/St/Zip _____ Phone _____

Signature _____ Date _____