

VOLUNTEER APPLICATION

HOSPICE of KONA

phone (808) 324-7700, fax (808) 324-7722

Name: _____ Date: _____

Address: _____ Phone: _____

_____ Fax: _____

Date of Birth: _____ Work Phone: _____

Email address: _____

Marital Status: _____ Spouse/Housemate Name: _____

Others in your home: _____

In case of emergency, please notify:

Name: _____ Phone: _____

Relationship: _____

Religious Affiliation/Spiritual Beliefs: _____

Will you be comfortable working with someone who professes a different religious faith than you?

Ethnic group you identify with: _____

Languages spoken: _____

Education/life experiences/special training you feel would be helpful to you and/or Hospice:

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Reasons for Volunteering: _____

Geographical areas of West Hawaii you would be willing to serve as a volunteer: *(Circle as many as desired)*

<u>North Kona</u>	<u>South Kona</u>	<u>Ka'u</u>
Waikaloa Village	Kealahou	Hawaiian Ocean View
Kailua-Kona	Captain Cook	Naalehu
Holualoa	Honaunau	
Keauhou	Kealia	
	Milolii	

Special skills/hobbies/experience you bring to this work: _____

Hours per week you are available: _____

All previous volunteer experience: _____

Areas of volunteer work that interests you: *(Check as many as desired)*

<input type="checkbox"/> Participation in direct patient/family service	<input type="checkbox"/> Bereavement Support
<input type="checkbox"/> Office Support	<input type="checkbox"/> Fundraising/Publicity
<input type="checkbox"/> Training/Education	<input type="checkbox"/> Research writing
<input type="checkbox"/> Provide professional services	<input type="checkbox"/> Other: _____

(i.e., Massage, yardwork, home maintenance)

Local Personal References - *Please list two people who know you well other than immediate family.*

Name: _____ Address: _____

Phone: _____ Relationship: _____

Name: _____ Address: _____

Phone: _____ Address: _____