

Olathe Health Hospice Volunteer Application

If you receive an electronic copy of this application, please print it out and then complete it.

| | |
|--|---------------------|
| Name (Please print) | |
| Email Address | Birth Date |
| Phone Numbers (<i>Circle Cell or Home to indicate your primary number</i>) | |
| Cell | Home |
| Street Address | |
| City/State/Zip | |
| <i>Present or Former</i> Occupation | |
| <i>Present or Former</i> Employer Name | |
| Are you currently? Retired <i>Not currently working</i> Student If a student, which school do you attend? | |
| Religious Affiliation (optional) | |
| Emergency Contact <i>Name and Phone # (circle Cell or Home)</i> | Relationship to You |

Please describe your most recent work and/or volunteer experience(s):

| Organization/Company Name | Dates | Type of Experience |
|---------------------------|-------|--------------------|
| | | |
| | | |
| | | |

How did you hear about Olathe Health Hospice and our volunteer needs?

Describe any physical limitations you have that should be considered when deciding your placement:

Have you ever been convicted of a crime? If yes, please explain:

Briefly describe any experience you have had with death and dying:

How many miles are you willing to travel from your home to a placement? _____

Do you have any other travel restrictions?

Circle the days/times that you are available to volunteer at the current time:

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---------------|----------------|------------------|-----------------|---------------|-----------------|---------------|
| Morning | Morning | Morning | Morning | Morning | Morning | Morning |
| Afternoon | Afternoon | Afternoon | Afternoon | Afternoon | Afternoon | Afternoon |
| Evening | Evening | Evening | Evening | Evening | Evening | Evening |

Circle your 'best fit' response to the following statements:

I prefer one-to-one interaction and communication with patients/families.

| | | | | |
|----------------|-------|---------|----------|-------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|

I prefer a placement where I receive ongoing supervision and support.

| | | | | |
|----------------|-------|---------|----------|-------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|

I prefer a placement where I am self-supervised and independent.

| | | | | |
|----------------|-------|---------|----------|-------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|

I do well in a crisis.

| | | | | |
|----------------|-------|---------|----------|-------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|

I'm comfortable in unfamiliar situations and know when to help and when to step back.

| | | | | |
|----------------|-------|---------|----------|-------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|

I'm a cigarette smoker.

| | | |
|-----|----|----------------------|
| Yes | No | Prefer Not to Answer |
|-----|----|----------------------|

I don't mind a placement where I am exposed to cigarette smoke for a few hours.

| | | | | |
|----------------|-------|---------|----------|-------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|

I'm comfortable around illness.

| | | | | |
|----------------|-------|---------|----------|-------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|

I'm comfortable in the presence of bodily fluids if I'm wearing gloves.

| | | | | |
|----------------|-------|---------|----------|-------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|

I'm comfortable around animals (and enjoy their company) when they're safe and friendly.

| | | | | |
|----------------|-------|---------|----------|-------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|

Please provide three references that we can contact:

NAME: _____

ADDRESS: _____

EMAIL _____ PHONE: _____

RELATIONSHIP: _____

NAME: _____

ADDRESS: _____

EMAIL _____ PHONE: _____

RELATIONSHIP: _____

NAME: _____

ADDRESS: _____

EMAIL _____ PHONE: _____

RELATIONSHIP: _____

Signature _____ Date: _____

Please drop off or mail your application to this address:

Olathe Health Hospice
Attn: Volunteer Coordinator
20920 W. 151st St, Suite 204
Olathe, KS 66061

Should you have any questions, please call our hospice office at (913) 355-8515.

Thank you for your interest in volunteering with Olathe Health Hospice!