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[www.seasonshospice.com](http://www.seasonshospice.com)

### ***VOLUNTEER APPLICATION***

Name of Applicant \_\_\_\_\_ Birthdate \_\_\_\_\_  
Please print

Address \_\_\_\_\_  
Street City/State Zip Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Can receive calls at work: Yes No Emergency Only

Social Security No. \_\_\_\_\_

Person to be notified in case of an emergency

Name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Business \_\_\_\_\_

Address \_\_\_\_\_  
Name of Business/Street/Apt. or Suite # City OK Zip Code

Education/Special Training

\_\_\_\_\_

Work Experience

\_\_\_\_\_

**Personal References** Please list two people whom we may contact (excluding family members).

Name \_\_\_\_\_

Address \_\_\_\_\_  
Name of Business/Street/Apt. or Suite # City OK Zip Code

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
Name of Business/Street/Apt. or Suite # City OK Zip Code

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Identified areas of interest:**

**Direct Patient/Family Care**

- \_\_\_\_ Companionship/Visits
- \_\_\_\_ Internship - Pastoral
- \_\_\_\_ Internship – Nursing
- \_\_\_\_ Errands/Shopping
- \_\_\_\_ Writing or Videotaping  
Patient’s Life Story
- \_\_\_\_ Other \_\_\_\_\_

**Indirect Services**

- \_\_\_\_ Community/Public
- \_\_\_\_ Administrative/Office
- \_\_\_\_ Crafts/Sewing/Knitting
- \_\_\_\_ Pet Therapy
- \_\_\_\_ Fundraising

**Indirect Services Cont’d.**

- \_\_\_\_ Hospitality
- \_\_\_\_ Photography
- \_\_\_\_ Calligraphy
- \_\_\_\_ Speakers Bureau
- \_\_\_\_ Computer (graphics,  
website, data entry)

**Are you fluent in a language other than English?**

- Language \_\_\_\_\_  Speak  Read  Write
- Language \_\_\_\_\_  Speak  Read  Write

**Other special services:** (manicurist, hairdresser, printer, etc.)

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

**Do you have access to transportation?**  Yes  No

**Availability for Volunteer Services:**

- Weekdays  Weekends  Evenings  Mornings  Afternoons

**How did you hear about the Seasons Hospice Volunteer Program?**

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

**Why do you want to be a hospice volunteer?**

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

**What qualities (skills, talents, knowledge and experiences) do you feel you can incorporate into your hospice volunteer work?**

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

Has someone close to you died with the past year?  Yes  No

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**FOR DIRECT PATIENT/FAMILY CARE VOLUNTEERS ONLY**

**DEATH AND DYING**

Do you fear death? \_\_\_\_\_  
\_\_\_\_\_

Have you ever been with someone at the time of their death? \_\_\_\_\_  
\_\_\_\_\_

Have you ever been a caregiver to anyone?  Yes  No

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

When thinking of your own death, what words best describe death to you?

- I do not think about my own death.  Sorrowful  Natural  Frightening  
 Painful  Lonely  Joyful  Peaceful  Dark

Other thoughts and feelings about death \_\_\_\_\_  
\_\_\_\_\_

**COMMENTS:**

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

**Thank you for your interest in the Volunteer Program at Seasons Hospice. Seasons Hospice is an equal opportunity employer dedicated to a policy of non-discrimination on any basis, including race, color, creed, religion, age, sex, national origin, ancestry, sexual orientation, marital status, military status or the presence of a physical, mental, medical condition or disability.**

**I understand that I will be offered and be required to complete Hospice Volunteer Training. I agree to fulfill all requirements related to my role as a Volunteer with Seasons Hospice.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**