



Volunteer Service Application

Date _____

Boise
190 E Bannock Street
Boise, ID 83712
(208) 381-2265

Meridian
520 South Eagle Road
Meridian, ID 83642
(208) 706-5612

Hospice
325 W Idaho
Boise, ID 83702
(208) 381-2721

Facility Desired to Volunteer: Boise Meridian Hospice

Name (Last, First, MI): _____

Address (mailing) _____

City: _____ State: _____ Zip: _____

Home Phone : _____ Business Phone: _____ Cell Phone: _____

Email: _____

Have you, at any age, ever been convicted of a crime (including withheld judgements, or other plea agreements, and any pending charges)? Crimes include: felonies, misdemeanors, traffic violations, etc. Note: Answering "yes" does not automatically exclude you from volunteering. No Yes

If yes, or not sure, please explain. _____

Have you ever been employed by St. Luke's? No Yes

If yes, When _____ What position _____

Please check age group: 19-40 41-60 Over 60
(This information for volunteer placement in the organization only)

EDUCATION

I have completed: high school some college college graduate school

Other: _____ Degree or Major: _____

AVAILABILITY

I would be able to volunteer: morning afternoon

(Please check all that apply:)

Days Preferred: Mon Tues Wed Thurs Fri

Beginning:(month/year): _____/_____. How long are you willing to commit to volunteer (One Year Minimum)? _____
(Can you commit to one shift per week on a consistent basis?) No Yes

EXPERIENCE

Please list previous volunteer experience: _____

Prior work experience for past 5 years: _____

Service Preferred: **(must complete)** _____

INTEREST

Hobbies, Skills, Special Interests: _____

Community Affiliations: _____

What are your expectations? _____

Give three (2) personal references: (Do not include relatives)

Name

Address

Phone

In case of emergency, notify _____

Relationship _____ Phone _____ Cell Phone _____

HOSPICE VOLUNTEER - Please answer the following questions

Personal Experiences with Death: _____

Do you feel comfortable being one on one with a terminally ill person? Yes No

Recent losses: _____

Briefly describe in your own words - "Why I want to be a Hospice Volunteer".

Are you willing to commit to a 20 hour training period? Yes No

Can you commit to 4 hours per week? Yes No

Do you have a car available? Yes No

If you are accepted as a volunteer for St. Luke's, all information you receive is confidential and not to be disclosed without the appropriate consent by St. Luke's. Any breach of confidentiality may result in termination of your service as a volunteer.

Signature _____ Date _____

Interviewed by _____ Date _____

