



Volunteer Services Application

Date: _____

Name: _____ Phone: _____

Address: _____

City: _____ Zip Code: _____

Welcome to Kaweah Delta Hospice. We are excited to receive your application to be a volunteer in our organization. Kaweah Delta Hospice is part of Kaweah Delta Health Care District and therefore we follow the guidelines of the Joint Commission. Generally, the guidelines require that volunteers are treated as an employee in terms of the hiring process. Therefore we require that you complete this application, a TB screening, drug screen, background check and orientation. On this application, we ask for two personal references, we appreciate you providing us the names of two people who you feel will give an accurate representation of your character.

Please describe your previous volunteering experiences:

Please describe any special skills or hobbies:

Please provide two personal or business references:

Name: _____ Phone: _____

Address: _____

What is the context of this reference? _____

Name: _____ Phone: _____

Address: _____

What is the context of this reference? _____

Please describe your personal experiences with death and grief: _____

What previous training, education or experience do you that will help you work with people who are dying?

Why would you like to be a volunteer at Kaweah Delta Hospice?
