



Patient Volunteer Application

452 N. Switzer Canyon Drive Flagstaff, Arizona 86001
(928) 779-1227 fax (928) 779-5884
www.northlandhospice.org

Last name: _____ First: _____ MI: _____

Address: _____ City: _____ Zip: _____

E-mail: _____ DOB: ____/____/____

Retired Student Place of employment: _____

Home phone: _____ Cell: _____ Work: _____

What is your interest at this time?

- Volunteering with patients in their home
 Volunteering with patients at the Olivia White Hospice House

How were you referred to Northland Hospice?

By a current volunteer Volunteer's name _____
Northland Hospice website Northland Hospice served your family/friend
School Workplace Staff member Newspaper
Other _____

Please list two personal references excluding family members

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Why have you chosen hospice volunteer work?

What personal characteristics do you possess that would enable you to work with people who are facing a terminal illness?

What does “being compassionate” mean to you?

What is your spiritual philosophy regarding death?

Please describe any life experiences which you feel have prepared you to become a hospice volunteer

What do you think could be the most challenging aspects of hospice volunteer work?

Signature: _____ Date: _____

Office Use

Background check cleared on: ____/____/____ By: _____

References checked on: ____/____/____ By: _____