



Hospice & Palliative Care of Kodiak  
PO Box 8682  
Kodiak, AK 99615  
907-512-0600 (phone)  
907-512-0608 (fax)

## HOSPICE AND PALLIATIVE CARE OF KODIAK INC.

### VOLUNTEER APPLICATION

#### PERSONAL INFORMATION:

Name: \_\_\_\_\_ DATE: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

#### EMERGENCY CONTACT:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

#### EMPLOYMENT HISTORY:

Employer	Dates	Title
Employer	Dates	Title

#### VOLUNTEER HISTORY:

Name of organization	Dates	Duties
Name of organization	Dates	Duties

#### EDUCATION HISTORY:

Name of institution	Dates	Diploma /Certificate
Name of institution	Dates	Diploma /Certificate

#### RELEVANT EXPERIENCE OR SKILLS:

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

Please include fluency in other languages: \_\_\_\_\_

**PERSONAL EXPERIENCE:**

Have you experienced a significant loss or the death of someone close to you?

YES \_\_\_\_\_ NO \_\_\_\_\_

Relationship to you and date of loss: \_\_\_\_\_  
\_\_\_\_\_

Do you have an AK Drivers License? Yes \_\_\_\_\_ No \_\_\_\_\_

License # \_\_\_\_\_

Liability Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ Plan # \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes please explain: \_\_\_\_\_

Please describe any physical or medical limitations or conditions we should be aware of.  
\_\_\_\_\_  
\_\_\_\_\_

**AREAS OF INTEREST:** *Please place a number "1" to indicate your primary area of interest and an "X" in other areas of interest.*

- |   |  |
|---|--|
| _____ Office Assistant  | _____ Errands                            |
| _____ Patient Companion   | _____ Handy Services                     |
| _____ Caregiver Respite   | _____ Escort for off-island appointments |
| _____ Baking  | _____ Sewing, quilting, knitting, crafts |
| _____ Translation   | _____ Special event team leader          |
| _____ Gardening   | _____ Special event team member          |
| _____ Bereavement Companion   | _____ Fundraising                        |
| _____ Bereavement Group Leader  | _____ Social Media Committee             |
| _____ Newsletter writing committee  |  |
| _____ Providing professional skills: Chaplain, mental health, preparation of taxes or wills, massage therapy, hairdressing, music/art therapy, ect. (Circle skill.) |  |
| _____ Other _____   |  |

What is your availability? \_\_\_\_\_ Hrs per wk \_\_\_\_\_ Events or projects only  
\_\_\_\_\_ Daytime \_\_\_\_\_ Evenings  
\_\_\_\_\_ Weekends

Other comments on availability: \_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:**

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Name	Relationship to you		
Address	City	State	Zip code
phone number	Email		

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Name	Relationship to you		
Address	City	State	Zip code
phone number	Email		

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Name	Relationship to you		
Address	City	State	Zip code
phone number	Email		

I have truthfully completed my volunteer application to Hospice of Kodiak. I understand that a personal interview is required of all volunteers. If I am accepted as a direct service volunteer for hospice families, I understand I will also be subject to a criminal background check.

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Signature

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Date



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3. Have you ever been with a person who was actively dying before? If so, talk about this experience.

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4. What sort of coping strategies do you find helpful when you are stressed or under pressure?

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5. Hospice has a big job selecting volunteers to fit families and clients' needs and there are times when the client load is minimal. Are you comfortable knowing you could be used frequently at times and then other times there may be less to do? What are other ways you could volunteer if being with clients isn't available?

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6. What is your availability in the coming months for hospice volunteering?

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7. Is there anything else you would you like to share with us about how you feel hospice volunteering will mean to you ? Feel free to share your strengths and weaknesses, etc..

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8. Do you have any questions for me?

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