



# Good Samaritan Hospice

A mission of Concordia Lutheran Ministries

## Volunteer Application

*We appreciate your interest in volunteering for Good Samaritan Hospice. Our team is committed to making your experience rewarding and beneficial to the communities that we serve. The information in this application will enable us to provide the most appropriate volunteer assignments possible. If you have any questions, call 1-800-720-2557.*

**General Information:**

Date of Application: \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Cell Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

When would you be available for hospice volunteering?

Daytime \_\_\_\_ Evenings \_\_\_\_ Weekends \_\_\_\_ How many hours per week? \_\_\_\_

Which days would you be available? \_\_\_\_\_

**Employment:**

May we contact you at work? Yes \_\_\_ No \_\_\_ Hours that you work: \_\_\_\_\_

Please list your employer(s) for the past five years.

Dates	Employer	Occupation/Position
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Education/Special Training/Life Skills/Work Experience:** List those items which you believe could be helpful to you in hospice, i.e., office skills, special trainings, art, etc.

Dates

Education/Experience

_____	_____
_____	_____
_____	_____

List any **Hobbies or Special Interests:**

\_\_\_\_\_

\_\_\_\_\_

Languages spoken other than English: \_\_\_\_\_

**Personal information:**

Have you ever done any volunteer work? Where? \_\_\_\_\_

\_\_\_\_\_

How did you hear about Good Samaritan Hospice? \_\_\_\_\_

\_\_\_\_\_

Why do you wish to be involved in hospice work? \_\_\_\_\_

\_\_\_\_\_

Will you be able to work with someone of a different religious faith than you? YES \_\_\_ NO \_\_\_

Will you be able to work with someone who practices a different lifestyle than you? YES \_\_\_ NO \_\_\_

Are there any special circumstances relating to your health that we should consider when assigning you to a patient YES \_\_\_ NO \_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has someone close to you died? YES \_\_\_ NO \_\_\_

If yes, when did this occur? \_\_\_\_\_

How did this person's death affect you? \_\_\_\_\_

\_\_\_\_\_

## Volunteer Opportunities

Please indicate all areas in which you would be interested:

- Patient Companionship (patient homes)
- Inpatient Unit Support (Cabot, Beaver, Wexford)
- Cook or bake for our Inpatient Units
- Angels On Call (end of life patient care)
- Memory quilts or sewing
- Music ministry
- Pet Therapy
- Bereavement Visitation
- Bereavement Telephone Contact
- Clerical/Administrative task
- Special Events
- Camp Erin Pittsburgh (bereavement camp for children)
- Other, please specify \_\_\_\_\_

### References:

Please list three references (no relatives) that you have known for at least one year and give complete addresses.

Name	Address	Telephone Number

***Mail application to: Volunteer Coordinator  
Good Samaritan Hospice  
116 Browns Hill Road  
Valencia, PA 16059***

***Or send via email to: [Volunteer@good-samaritanhospice.org](mailto:Volunteer@good-samaritanhospice.org)***

*Good Samaritan Hospice provides care to our patients and their loved ones regardless of race, sex, color, national origin, ancestry, religion, or illness. Our policy of non-discrimination covers the services we provide, referrals, employment and volunteer actions.*