

Patrick Place Volunteer Application

A non-profit, community based organization committed to providing comprehensive and compassionate care to the terminally ill and their families in a home-like atmosphere.

2006 Scottsville Chili Road, Scottsville, N.Y. 14546

Name: Mr./Mrs./Ms./Miss/Dr. _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Date of Birth (year optional): _____ Sex M/F

Present Occupation: _____ Employer: _____

Work Phone: _____

Church Affiliation (optional): _____

Emergency Contact: _____ Phone: _____

How did you hear about Patrick Place?: _____

Why would you like to volunteer at Patrick Place Comfort Care Home? _____

Have you worked as a volunteer before? Yes/No

If yes, please list organizations, length of involvement and duties performed. _____

Describe your style of working with other people _____

What experience have you had with death, dying or other types of personal loss? _____

Please share any concerns, fears or apprehensions you have concerning dealing with the dying _____

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What are your hobbies or pastimes? _____

What strengths or talents do you feel you would bring to Patrick Place? _____

Please check the components of a Patrick Place Comfort Care volunteer that you would be interested in:

Check all that apply:

- Resident Care Housekeeping Community Outreach Bereavement
 Grounds/Maintenance Gardening Fund-raising Office/Clerical

Do you have any health problems or physical limitation that would restrict the work that you can do? If so, please explain: _____

Do you have or have you ever had a back problem? Yes No

We ask that volunteers commit to a 4-hour time shift once every other week. Is that possible for you? Yes/No

Can you volunteer on weekends and/or holidays? _____

Please list two references we might contact:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Are there any other things you would like to tell us about yourself:

For office use only:

Tour/Interview date: _____ By: _____

Comments: _____

Confidentiality Form: _____ Sexual Abuse Policy Form : _____

Code of Conduct Form: _____ Training Completed: _____