

## 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: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Present Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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: \_\_\_\_\_

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

Have you had experience with death, hospice, 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       Landscaping  
 Gardening       Fund-raising       Office/Clerical       Grounds/Maintenance

Do you have any health concerns or physical limitations that would restrict the work that you can do? YES/NO

If so, please explain: \_\_\_\_\_  
\_\_\_\_\_

We ask that volunteers are available for a 4-hour shift every other week. Is that possible for you? YES/NO

Are there certain days of the week, or time of day, that would be best for you? YES/NO

If so please list them here: \_\_\_\_\_

Can you volunteer on weekends and/or holidays? YES/NO

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:

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

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*For office use only:*

*Tour/Interview date:* \_\_\_\_\_ *By:* \_\_\_\_\_

*Comments:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Availability:* \_\_\_\_\_  
\_\_\_\_\_

*Confidentiality Form:* \_\_\_\_\_ *Sexual Abuse Policy Form :* \_\_\_\_\_

*Code of Conduct Form:* \_\_\_\_\_ *Training Completed:* \_\_\_\_\_