



BON SECOURS HOSPICE
Bon Secours Richmond Health System

Bon Secours Hospice
Volunteer Services Department

8580 Magellan Parkway, Building IV, Richmond, VA 23227
Phone: 804-627-5360
Fax: 804-627-5370

HOSPICE VOLUNTEER APPLICATION

Please complete the following and return it to the above referenced address.

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Birth Month: _____ Day: _____ E-mail: _____

In Case of Emergency, notify: _____

Phone: _____

EDUCATION

Highest level of school attended: _____ completed: _____

Field of Study: _____

If applicable, List other areas of study/that relate to hospice volunteering _____

Do you speak a foreign language? _____ Specify: _____

Please list special skills, hobbies and/or special interests _____

HEALTH

List possible physical restrictions i.e. back problem, hearing or vision problems. Please specify: _____

Have you experienced an illness which might help or hinder your work with a hospice patient?

Yes No Explain: _____

EMPLOYMENT

Are you currently employed? _____ Where: _____

Job Title: _____

Please briefly describe other employment that might assist you in your hospice volunteer experience _____

VOLUNTEER EXPERIENCE

Describe current and past volunteer involvement: _____

ABOUT VOLUNTEERING WITH HOSPICE

How did you hear about our hospice volunteer program? _____

How did you choose us as a volunteer opportunity? _____

Have you experienced a recent loss of someone close to you that may affect your hospice volunteering? Explain: _____
