



DeKalb County Hospice

2727 Sycamore Road, Suite 1B • DeKalb, IL 60115 • (815) 756-3000

Volunteer Application

Name _____ Birthdate: Month _____ Day _____

Address _____

City/State/Zip _____

Home Phone _____ Work Phone _____

Emergency Name and Phone _____

Education: High School College Major

Are you currently in school? No Full Time Part-time

Are you employed? No Full-time Part-time

What type of work do you or have you done? _____

What are your special skills or hobbies? _____

Why are you interested in sharing your skills with Hospice? _____

How did you hear about the Hospice volunteer? _____

Can you work in: your home office patient's home

What time of the day or evening are you available? _____

Do you have your own transportation? Yes No

What other volunteer work are you currently doing or have done in the past? _____

Please list two personal references that we may call:

Name _____

Phone _____

Name _____

Phone _____

*Please check any areas in the following two sections that interest you.
You are not making a commitment – just giving ideas.*

PATIENT CARE

❖ Volunteer jobs requiring satisfactory completion of volunteer training program.

- Homemaker assistance (cleaning, laundry, food preparation, child care, shopping)
- Patient Services (reading, letter writing, visits, recreation, sitting)
- Other (special skills) please specify _____

❖ Volunteer jobs requiring special license or professional certification in addition to satisfactory completion of volunteer training program:

HEALTH CARE

- Nursing (RN)
- Nursing (LPN)
- Nursing Assistant (CNA)
- Physical Therapist (PT)
- Occupational Therapist (OT)
- Speech Therapy
- Dietitian (RD)

OTHER

- Hairdresser
- Financial Counseling
- Funeral Arrangements
- Medical Social Work
- Family or Psychological Counseling
- Bereavement Counseling
- Other _____

LEGAL

- Legal Counseling
- Estate Planning

ADMINISTRATIVE

- Typing
- Statistical Reports
- Mailings
- Filing
- Photocopy
- Computer Entry
- Phone Receptionist
- Newsletter
- Artwork
- Photography

- Yardwork
- Speakers Bureau
- Fundraising
- Staff Booths
- Selling Tickets
- Office Cleaning
- Sewing
- Research
- Carpentry
- Other _____

I hereby affirm that the information provided in this application is true and complete to the best of my knowledge.

Date _____

Signature _____