



## Caregiver Volunteer Application

Date \_\_\_\_\_  
Name \_\_\_\_\_ Phone: Home \_\_\_\_\_  
Address \_\_\_\_\_ Work \_\_\_\_\_  
E-mail address \_\_\_\_\_

Date of Birth \_\_\_\_\_ What is your cultural identification? \_\_\_\_\_

How did you hear about the program? Flyer  Advertisement  Internet  Friend  Other \_\_\_\_\_

Do you have a car at your disposal? \_\_\_\_ Are you presently working/studying? \_\_\_\_ Full  or Part-time

What is your occupation/course of study? \_\_\_\_\_

Do you have previous volunteer experience? (Please describe briefly.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you look for in a volunteer experience? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have special skills? Please describe briefly:

Health Care \_\_\_\_\_ Massage \_\_\_\_\_

Counseling \_\_\_\_\_ Art/Music \_\_\_\_\_

Foreign Languages \_\_\_\_\_ Cooking \_\_\_\_\_

Other \_\_\_\_\_

Zen Hospice Project Volunteer shifts are: 9:00am - 2:00pm, 1:00pm - 6:00pm and 5:00pm - 10:00pm .

Please specify times during the week/weekend that you may be available. Flexibility is important.

Weekdays: Morning  Afternoon  Evening

Weekends: Morning  Afternoon  Evening

How would you describe your general health? \_\_\_\_\_

Do you have any allergies? \_\_\_\_\_

Do you have any physical limitations? \_\_\_\_\_

**Zen Hospice Project expects and encourages our volunteers to have a spiritual practice. Please describe your spiritual/meditation practice.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you recently experienced a loss through death? \_\_\_\_\_ If so, please describe briefly:

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

Have you spent time with someone very sick and/or dying? \_\_\_\_\_ If so, please describe briefly:

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

Have you ever seen a dead body? \_\_\_\_\_ attended a funeral? \_\_\_\_\_

**Tell us why you want to be a Hospice volunteer. Please respond to the following questions as thoughtfully and completely as you can, exploring your feelings and intentions. Be certain to cover all the points indicated. You may respond to each question individually or attach an essay.**

1) What is your understanding of Hospice?

2) How do you see your role as a Hospice volunteer?

3) Please describe any personal experience with serious illness (your own or that of someone close to you), and its effect on you.



9) Why have you chosen Zen Hospice Project over other volunteer opportunities?

10) How do you feel about the time and energy required to volunteer with the Zen Hospice Project?

11) Do you anticipate anything which may interfere with fulfilling the one year commitment to Zen Hospice Project, e.g., family obligations, possible plans for relocation, future study?

12) Any additional thoughts that come up for you in completing this application, or anything else you would like us to know?

**New volunteers will be asked to make a one year commitment to serve one 5-hour shift per week and to attend support group meetings on the first and third Tuesday evenings of each month.**

Thank you for considering Zen Hospice Project as an opportunity for volunteering and service. We appreciate the time and thought involved in completing this application. Please return this application to:

**Zen Hospice Project  
273 Page Street  
San Francisco, CA 94102  
(415) 863-2910 fax (415) 863-1768  
[www.zenhospice.org](http://www.zenhospice.org)**