

ZEN HOSPICE PROJECT

SPECIAL SKILL VOLUNTEER APPLICATION

Name _____ Date _____

Address _____ Phone: Home _____

City _____ Zip _____ Phone: Work _____

E-mail address: _____ Date of Birth _____ Fax: _____

Where did you find out about the Zen Hospice Project? _____

Are you presently working/studying? _____ Full or Part-time ?

What is your occupation/course of study? _____

Will you be able to commit to: 2 hrs a week for six months? help with time-specific projects ?

Are you also interested in our Caregiver Volunteer program? Yes No

Specify times during the week/weekend that you are available:

Weekdays: Morning Afternoon Evening

Weekends: Morning Afternoon Evening

Do you have a: car truck van

Do you speak a foreign language? _____

Do you have a regular meditation /spiritual practice? If so, please describe briefly:

Do you have previous volunteer experience? Please list the organizations and briefly describe your activities:

Why have you chosen ZHP over other volunteer opportunities?

What are your other interests? Tell us what you love to do?

Tell us how you can help:

Please indicate which of the following services you would like to offer, and number them at the left in your order of preference (1 highest). Use additional space at the right to describe what experience you have in these areas.

___ Gardening: _____

___ Cooking: _____

I have been a home cook worked as professional chef made community meals

___ Office Support: _____

My skills include: Macintosh Web design word processing
 research skills (funding, services, etc.) graphic design
 technical writing/editing help with mailings

___ Event Logistics Help:

I can: help register plan events help "behind the scenes "

___ Contractors / Handy Persons

What are your professional skills? _____

___ Shopping, Transportation _____

___ Musicians:

What instrument do you play? _____

What kind of music do you play? _____

___ Massage:

What is your certification? _____

What kind of massage /bodywork do you offer?

Esalen/Swedish Cranial-Sacral Acupressure Other _____

(Please note: Massage practitioners may need additional training with ZHP Staff.)

___ Other: Please list your skills and interests which we may have not mentioned.

Do you have any allergies or other limiting physical conditions? Yes No

Describe _____

Is there anything else you'd like us to know?

We appreciate your interest in this service to others. Please return this form to the following address:

ZEN HOSPICE PROJECT

273 PAGE STREET • SAN FRANCISCO, CA. 94102

TEL: 415-863-2910 • FAX: 415-863-1768 • WEB: WWW.ZENHOSPICE.ORG