



Special Skills Volunteer Application

Complete this PDF form by clicking into the response areas and entering your information, saving the file, and emailing it to tim@zenhospice.org. You may also print it out and add your responses by hand, mailing it to Zen Hospice Project, 44 Gough Street, Suite 303, San Francisco, CA 94103.

Name: _____ Date: _____
Address: _____ Primary phone: _____
Other phone: _____
Email: _____

Where did you find out about Zen Hospice Project? _____

Are you presently working/studying? Yes No If so, Full or Part time?

What is your occupation/course of study? _____

Will you be able to commit to: 2 hours a week for 3 months
 Help with time specific projects

Do you have a vehicle available to you? Car Truck Van

Do you speak a foreign language? Yes No
If so, which one(s)? _____

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

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

Weekdays: Morning Afternoon Evening
Weekends: Morning Afternoon Evening

Do you have a regular meditation / spiritual practice? Yes No
If so, please describe briefly:

Do you have previous volunteer experience? Yes No
If so, please list the organizations and describe your activities:

Why have you chosen Zen Hospice Project 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, with 1 being the highest. Use additional space to describe what experience you have in these areas.

___ Gardening _____

___ Cooking _____
I have: been a home cook worked as a professional chef made community meals

___ Office Support _____
My skills include: Macintosh Web Design Word Processing
 Technical Writing / Editing Mailings
 Research Skills (funding, services, etc.)

___ Event Logistics Help _____
 Planning Registration Behind the Scenes

___ Contractors / Handy Persons _____

___ Shopping / Transportation _____

___ Tai Chi _____

___ Yoga _____

___ Arts/Crafts _____

___ Meditation _____

___ Writing _____

___ Pet Therapy _____

____ 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 Cranio-Sacral Acupressure Other _____
Note: Massage practitioners may need additional training with ZHP Staff.

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

Do you have any illnesses, allergies, or physical conditions that we should be aware of? Yes No
If so, please describe:

Is there anything else you would like us to know?

Due to the requirements of our Guest House facility license issued by the California state Department of Social Services, new volunteers may be required to submit to a criminal background check. Special Skills Volunteers serving at one of our residential facilities will be asked to attend an orientation training prior to beginning their service.

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 email this application to tim@zenhospice.org or mail it to:

**Zen Hospice Project
44 Gough Street, Suite 303
San Francisco, CA 94103**