



Volunteer Caregiver 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: _____

Date of birth: _____ What is your cultural identification? _____

How did you hear about our volunteer program?

Flyer Advertisement www.zenhospice.org Internet search Friend Other _____

Do you have a car at your disposal? Yes No

Are you presently working/studying? Yes No If so, 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:

Morning: 9AM – 2PM Afternoon: 1PM – 6PM Evening: 5PM – 10PM

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? _____
Please describe any allergies you have: _____
Do you have any physical limitations? _____

Zen Hospice Project expects and encourages volunteers to have a spiritual practice. Please describe your spiritual/meditation practice:

Have you recently experienced a loss through death? Yes No If so, please describe briefly:

Have you spent time with someone very sick and/or dying? Yes No If so, please describe briefly:

Have you ever seen a dead body? Yes No Have you ever attended a funeral? Yes No

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.

7) What are your feelings about and understanding of pain management?

8) It is important for caregivers to have good emotional support in their own lives. What are sources of emotional support for 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) Are there 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. 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.

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**