



## VOLUNTEER APPLICATION

Thank you for your interest in volunteering for Tranquility Hospice. Our volunteers are greatly appreciated by our patients, their families & our staff. We realize the volunteer plays an important role in the Hospice experience.

Please fill out the following application & return it to our business office or contact:

**Brittaney Baker**, Community Advocate / Email: [bbaker@tranquilityhospice.com](mailto:bbaker@tranquilityhospice.com)  
1815 E 15<sup>th</sup> Tulsa, OK 74104 Ph: 918-592-2273 Fax: 918-592-0522

### WE HAVE MANY VOLUNTEER OPPORTUNITIES

#### Volunteer Positions:

- Visiting Volunteer. Visit hospice patients in homes and care facilities; provide companionship to patients, respite and support to caregivers.
- Crafts and Special Projects / Events Volunteer. Use your talents to support our patients and their families by sewing, knitting, singing, playing an instrument, designing art projects, or participating in pet therapy.
- Internships. Opportunities are available in a variety of areas.
- Bereavement Volunteer. Provide grief support through visits and phone calls to bereaved families; assist with support groups.
- Office Volunteer. Provide light clerical support at our business office.
- Community Relations Volunteer. Assist with special events and community activities.

The Community Advocate will contact you to set an interview. We don't discriminate against race, age, gender, religion, national origin, disabilities, or sexual preference. All information is kept confidential.

## GENERAL INFORMATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP TO EMERGENCY CONTACT: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

JOB TITLE/POSITION/GENERAL RESPONSIBILITIES: \_\_\_\_\_

# GENERAL QUESTIONS

## VOLUNTEER INFORMATION

What volunteer work, if any, have you done in the past?

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How did you learn about Tranquility Hospice and why are you interested in volunteering in hospice?

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Have you experienced the death of a friend or family member in the last 24 months? If so, what was their relationship to you? \_\_\_\_\_

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Please describe any experiences you have had with an individual who was/is seriously ill:

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Please check in what ways you are interested in volunteering with Tranquility Hospice:

Visiting with Patients  Clerical  Arts & Crafts

Community Education  Special Events  Internship (area): \_\_\_\_\_

What talents do you have that you would like to use as a volunteer?

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What activities do you participate in outside of work/school? \_\_\_\_\_

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What days of the week and time periods during the day are you most likely available for volunteer activities?

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Any additional comments about yourself that may help in assigning you to particular volunteer activities:

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## VISITING VOLUNTEER QUESTIONNAIRE

This portion of the application is designed specifically for Visiting Volunteer applicants—those interested in visiting with patients and having direct patient contact. If your involvement as a volunteer will not include patient visits, you may skip to the Criminal Background Check at the bottom of this page.

How do you feel about participating in discussions about terminal illness, the dying process, and death?

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What do you think is most important when offering support to a hospice patient as a Visiting Volunteer?

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From where and who do you seek emotional support when you need it? \_\_\_\_\_

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Do you have any concerns you have about volunteering in hospice care?: \_\_\_\_\_

Volunteers must complete an interview with the Community Advocate and attend volunteer training. Do you agree to participate in this process? \_\_\_ Yes \_\_\_ No

**HEALTH INFORMATION**

Have you ever received treatment for a chronic or terminal illness or communicable disease? If so, when?

Do you have any health issues or physical limitations that may effect how and when you volunteer? If so, please describe. \_\_\_\_\_

All volunteers are required to take a tuberculosis skin test on a yearly basis. A Tranquility Hospice nurse administers this test free of charge. Are you willing to participate in this testing procedure? \_\_\_ Yes \_\_\_ No

**CRIMINAL BACKGROUND CHECK AUTHORIZATION**

Tranquility Hospice performs a criminal background check for all potential employees and volunteers to ensure the highest quality of care and consideration is shown to our patients. Do you authorize Tranquility Hospice to use your birth date and social security number to perform a criminal background check? \_\_\_ Accept \_\_\_ Decline

Please list your full name (including all maiden, married, and other names):

I have provided the information above to the best of my knowledge and understand that Tranquility Hospice will use the information strictly for the purposes of volunteer placement. I will alert the Volunteer Coordinator should any of the above information change.

**Volunteer Signature**

**Date**

**PLEASE PROVIDE THREE REFERENCES OTHER THAN FAMILY MEMBERS:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship to you: \_\_\_\_\_