

Kaiser Permanente Hayward Hospice Volunteer Program

Thank you for your interest in becoming a hospice volunteer. Please complete the following information. **Print or write clearly and carefully.**

Name: _____ Date of Birth: _____ (Month/day only)

Address: _____

City: _____ Zip Code: _____

Email Address: _____ Home phone: _____

Employer: _____ Work Phone: _____

Other phone numbers (Cell, Fax, etc) _____

Education completed: _____ Field of Study: _____

SS#: _____ Driver License #: _____ Kaiser #: _____

Previous volunteer experience: _____

Languages Spoken: _____ Written: _____

Hobbies, special interests: _____

Availability: Weekdays: _____ Weekends: _____ Times: _____

Specifics: (i.e. geographic location) _____

Have you ever been convicted of a crime? _____ If yes, explain when, where and disposition of case.

Please list type of volunteer work you prefer/do not prefer (e.g. direct patient volunteering (visits, errands), office assistance, bereavement, special talents, other:

Are you available to volunteer four hours a week, if needed? _____

Can you make a 1 year commitment to volunteering after completing the training?

Yes No Not sure _____

Emergency notification: Name: _____ Phone: _____

Physician: _____ Phone: _____

Please provide **two (2) Letters of Recommendation** (employer, co-worker, friend, etc.)

Signature: **Print & Sign** _____

Date: _____

Return your completed Application and Letters of Recommendation to the address below. If you have any questions, please call the Hospice Volunteer Coordinator at (510) 675-5791.

Kaiser Permanente Hayward Hospice Program
Attn: Volunteer Coordinator
30116 Eigenbrodt Way
Union City, CA 94587