



Volunteer Opportunities and Application

Thank you for expressing an interest in volunteering at Companion Hospice. As the needs of our patients, families and communities continue to change and grow, so do the programs we offer to meet those needs. There are several ways you can bring your time and talents to enhance the services we provide.

Special Services and Events:

- Veterans Recognition Services
- Memorial Services or Picnic
- Grief Support Groups
- Special Programs at Nursing Homes, Assisted Living Centers
- Tree Ornament Memorial Service
- Patient Gifts and Necessities: Lap Quilts, Wheelchair baskets, socks, etc...
- Community Food Drives

Administrative Support Services

- Answering Phones
- Filing
- Preparing handouts, copying, mailings
- Assembling Admissions packets, information packets
- Typing
- Assisting with Newsletters, scrapbooks, photography
- Public Speaking about Hospice related topics

Direct Patient Care:

- Visits with patients in their homes, nursing homes and other locations
- Provide respite for caregivers
- Phone Support Team – calling patients to check on them
- Assist with meals, snacks, housekeeping needs, home repairs, yard work
- Assist patient/families with running errands, shopping, writing letters
- Provide companionship, bereavement support and many other activities.

Please complete the Application and return to:

Mail:	or FAX to:
Companion Hospice	405-282-3981 Attn: Volunteer Coordinator
1314 E Oklahoma	
Guthrie, OK 73044-3757	

For more information, please contact Steven Haley at 405-282-3980 or email shaley@companionhealth.net

APPLICANT DATA:

Name: _____ Birth Date: _____
Last First Middle (card purposes)

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Mobile/other phone: _____ Email: _____

Social Security #: _____ Gender: Male Female

Person to contact in an emergency (name/relationship): _____

Home Phone: _____ Work phone: _____ Other phone _____

Education: High School College Graduate other _____
(check highest level)

Field of study/degree: _____

Occupation: _____ FT PT

Current Employer: _____ Work phone: _____

Is it okay to contact you at work? Yes No EMERGENCY ONLY

Do you have transportation available? Yes No Drivers License #: _____

Auto Insurance: _____

Work/volunteer experience/Licensure:

Interests, hobbies and skills, languages, offices skills

How did you find out about our Hospice Volunteer Program?

Utilized services in the past

Newspaper Ad

Website

Friend referred: _____

School/Organization Volunteer

Other: _____

Why do you want to be a hospice volunteer?

Describe your general health over the past year; be sure to include any restrictions you wish us to know about (no lifting, no smoking, etc.)

Have you experienced the death of someone close to you within the past year?
(If yes, please give date and explanation of loss)

Any additional comments or information you would like to share?

Areas of Hospice Volunteer interest:

Patient/Family Care Support

Office Support

Making Phone Calls

Bereavement Volunteer

Special projects/Activities _____

Transportation/Errands

PR/Community

Special Skills

Veteran

Cooking/Baking

Gardening

Computer Skills

Music

Art/Crafts

Home Repairs

Yard Work

Hairstyling

Foreign Language: _____

Sign Language

Nurse

Attorney

Other: _____

Amount of time willing to share with hospice program:

_____ Daily _____ Weekly _____ Monthly

Time available for volunteering:

Daytime

Evenings

Weekends

Have you been convicted of a crime in the past 10 years, excluding misdemeanors? Yes No

If Yes, Please describe in full:

Companion Hospice performs background checks on staff and volunteers that have contact with patients or access to Patient information. Your signature below authorizes Companion Hospice to perform background checks in accordance with federal and state law.

Signature of Applicant: _____ Date: _____

Signature of Volunteer Coordinator: _____ Date: _____
(Upon receipt of application)

References

Two references are required for Companion Hospice Volunteers. References from work or other volunteer organizations or professional memberships are most helpful. Personal references are also accepted.

1. Name: _____ Phone Number: _____

Relationship: _____

Company or Organization: _____

Address: _____

Number of years this person has known you: _____

For Office use only

Remarks:

2. Name: _____ Phone Number: _____

Relationship: _____

Company or Organization: _____

Address: _____

Number of years this person has known you: _____

For Office use only

Remarks:

I authorize Companion Hospice to contact the above listed references and request information to use as reference regarding suitability and appropriateness as a Hospice Volunteer.

Signature