



Hospice & Palliative Care of Kodiak  
PO Box 8682  
Kodiak, AK 99615  
907-512-0600 (phone)  
907-512-0608 (fax)

## HOSPICE AND PALLIATIVE CARE OF KODIAK INC.

### VOLUNTEER APPLICATION

#### PERSONAL INFORMATION:

Name: \_\_\_\_\_ DATE: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

#### EMERGENCY CONTACT:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

#### EMPLOYMENT HISTORY:

Employer	Dates	Title
Employer	Dates	Title

#### VOLUNTEER HISTORY:

Name of organization	Dates	Duties
Name of organization	Dates	Duties

#### EDUCATION HISTORY:

Name of institution	Dates	Diploma /Certificate
Name of institution	Dates	Diploma /Certificate

#### RELEVANT EXPERIENCE OR SKILLS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you speak any other languages fluently?

**PERSONAL EXPERIENCE:**

Have you experienced a significant loss or the death of someone close to you?

Relationship and date of loss: \_\_\_\_\_

Do you have an AK Drivers License? Yes \_\_\_\_\_ No \_\_\_\_\_

License # \_\_\_\_\_

Liability Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ Plan # \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes please explain: \_\_\_\_\_

Please describe any physical or medical limitations or conditions we should be aware of.

\_\_\_\_\_  
\_\_\_\_\_

What is your availability?

\_\_\_\_\_ Hrs per wk \_\_\_\_\_ Events or projects only

\_\_\_\_\_ Daytime \_\_\_\_\_ Evenings

\_\_\_\_\_ Weekends

Other comments on availability: \_\_\_\_\_

\_\_\_\_\_

**REFERENCES:**

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Name	Relationship		
Address	City	State	Zip code
phone number	Email		

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Name	Relationship		
Address	City	State	Zip code
phone number	Email		

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I have truthfully completed my volunteer application for Hospice and Palliative Care of Kodiak. I understand that a personal interview is required for all volunteers. If I am accepted as a direct service volunteer for hospice families, I understand I will also be subject to a criminal background check.

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Signature

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Date