



## VOLUNTEER APPLICATION

Hospice of Santa Barbara (HSB) Inc. is a volunteer hospice whose mission is “to provide care to anyone experiencing the impact of a life-threatening illness, or grieving the death of a loved one.” We are a hospice that emphasizes the emotional, social and spiritual care needs of the terminally ill and their families. As a volunteer hospice organization, we provide all our services free of charge. As a part of the HSB Patient Care Services team of Social Worker/Care Manager, and Spiritual Care, our Patient Care Volunteers perform many services in support of our mission statement.

Building relationships of trust is our way of making the mission statement real for our patients. This building often takes place slowly through assisting with tasks such as grocery shopping, transportation to appointments, and merely sitting and listening with a truly open heart.

### The next Volunteer Training is Gdf]b[ 201,

Six consecutive Wednesdays, 5df]`%th to A Uth% th, 201,  
from 12:00pm - 3:00pm.

Please submit your application by A UFW`' \$th, 201,

**Please note:**

**You must be able to attend all of the training sessions**

This training begins a one year commitment to service and is open to those who qualify, and can commit to the training, weekly hours of service and the monthly support meetings.

Upon completion of the training a background check and fingerprinting will be required.

If you have any questions please contact Nicole Romasanta,  
Director of Volunteer Services at (805) 563-8820 ext. 120  
or by emailing at [NRomasanta@hospiceofsb.org](mailto:NRomasanta@hospiceofsb.org)

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: Home: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Phone: Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail address \_\_\_\_\_ Fax: \_\_\_\_\_

Best way to contact you: \_\_\_\_\_ Best time to contact you: \_\_\_\_\_

Do you have a valid CA License? \_\_\_\_\_ DL # \_\_\_\_\_

Are you presently working/studying? \_\_\_\_\_ Full  or Part-Time

Occupation/course of study? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Will you be able to commit to:  2 hrs a week for one year  help with time-specific projects?

Specify times during the week/weekend that you are available:

Weekdays:  Morning  Afternoon  Evening

Weekends:  Morning  Afternoon  Evening

Do you have a:  car  truck  van

What languages do you speak? \_\_\_\_\_

What are your other interests? Tell us what you love to do

Have you recently experienced a loss through death? \_\_\_\_\_ Has this been in the last year? \_\_\_\_\_  
If so please describe briefly:

Have you spent time with someone with a life threatening illness and/or dying? \_\_\_\_\_ If so,  
please describe briefly:

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## Tell Us How You Can Help

Below are listed some of the services we provide our patients in addition to respite care. Please indicate your interest in assisting with the following volunteer services by checking the appropriate box.

<b>Patient Care</b>	Very Interested	Interested	Not Interested
Household Chores			
Cooking			
Arts/Crafts			
Companionship			
Shopping			
Transportation (outings, doctor's appointments)			
Respite Care (relieving regular Caregiver)			

<b>Administrative</b>	Very Interested	Interested	Not Interested
Front Desk			
Filing			
Helping with mailings (show off your beautiful penmanship)			

In addition to the important work of supporting our patients and their families, HSB offers volunteers a number of fun ways to support our programs. We welcome volunteers who wish to help with events, and encourage you to review our calendar for opportunities that interest you.

<b>Community Outreach</b>	Very Interested	Interested	Not Interested
Speak to community groups on behalf of HSB			

<b>Events</b>	Very Interested	Interested	Not Interested
Art Receptions			
Fundraisers/Auctions			
Light Up A Life			

\_\_\_ Musicians:

What instrument do you play? \_\_\_\_\_

Do you have any medical or physical conditions or limitations?  Yes  No

Describe: \_\_\_\_\_

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Are you a Veteran?:  Yes  No      Are you interested in working with Veterans?:  Yes  No

Do you have any experience working with Veterans?:  Yes  No Please explain Yes answer:

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Are there situations you would not be comfortable with (i.e. cigarette smoke, pets,)

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Is there anything else you would like us to know? \_\_\_\_\_

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**Tell us why you want to be a Hospice of Santa Barbara 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 below or attach an essay.**

1) What is your understanding of Hospice of Santa Barbara as a volunteer hospice organization?

2) How do you see your role as a Hospice of Santa Barbara volunteer?

3) Much of the volunteer work done by HSB volunteers is daily life tasks that serve to build the relationships that will be so important in time of crisis for our patients. How do you feel about doing this type of service?



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10) Please add any additional thoughts or comments you would like to share.

New volunteers will be asked to make a **one year commitment to weekly service and to attend monthly support group meetings.**

**Thank you for considering Hospice of Santa Barbara, Inc., as an opportunity for volunteering and service. We appreciate the time and thought involved in completing this application.**

**Please return this application to:**

**Hospice of Santa Barbara, Inc.  
2050 Alameda Padre Serra, Suite 100  
Santa Barbara, CA 93103  
805.563.8820  
[www.hospiceofsantabarbara.org](http://www.hospiceofsantabarbara.org)**