



OF SANTA BARBARA, INC.  
A Volunteer Hospice Organization

# MENTOR APPLICATION

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: \_\_\_\_\_

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

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

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

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

Weekdays:  Morning  Afternoon  Evening

Weekends:  Morning  Afternoon  Evening

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

Please list your skills and interests which may help us match you with a child.

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

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

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

2) Have you experienced the death of a parent or sibling? At what age\_\_\_\_\_ If so, please describe briefly:

3) Have you spent time with someone terminally ill and/or dying? Is so, please describe briefly:

4) What experience do you have being with kids?

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- 5) How do you see your role as a Hospice of Santa Barbara Mentor?
- 6) It is important for caregivers to have good emotional and spiritual support in their own lives. How do you find support in both these areas?
- 7) Why have you chosen HSB over other volunteer opportunities?
- 8) A commitment as a Mentor requires 15 hours of training, attendance at monthly support meetings and approximately 2 hours per week time spent with a child. How do you feel about the time and energy required to volunteer with HSB?

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9) Do you anticipate anything that might interfere with fulfilling the commitment to HSB (e.g. family obligations, possible plans for relocation, future study)?

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

11) Please tell us how you heard about the IHAF® Mentor Program

**New Mentor volunteers will be asked to make a minimum one year commitment to Spend 2 hours per week with their Mentee and to attend monthly support group meetings. Upon completion of the training, a background check and fingerprinting will be required.**

**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  
info@hospiceofsantabarbara.org  
www.hospiceofsantabarbara.org**