

# Midwest Palliative & Hospice CareCenter™

## APPLICATION FOR VOLUNTEER SERVICE

Name \_\_\_\_\_

Street \_\_\_\_\_

City, state, zip \_\_\_\_\_

E-mail \_\_\_\_\_

Telephone # ( \_\_\_\_\_ ) \_\_\_\_\_ Alternate # ( \_\_\_\_\_ ) \_\_\_\_\_

Best time to contact \_\_\_\_\_ Preferred method of contact \_\_\_\_\_

<p><b>In Emergency, please notify:</b> Name _____</p> <p>Street _____</p> <p>City, state, zip _____</p> <p>Telephone # ( _____ ) _____ Alternate # ( _____ ) _____</p>
--

Occupation \_\_\_\_\_ Employment status  Full Time  Part Time  Retired

Employer \_\_\_\_\_

Street \_\_\_\_\_

City, state, zip \_\_\_\_\_

Education/field of study \_\_\_\_\_

Volunteer experience \_\_\_\_\_

Other community involvement (e.g., organization, faith community) \_\_\_\_\_

Special skills/hobbies (e.g., computer, music) \_\_\_\_\_

Language skills \_\_\_\_\_

**Central Office & Mailing Address: 2050 Claire Court, Glenview, IL 60025**

**Telephones: (847) 467-7423 • (800) 331-5484**

**Fax: (847) 556-1611 • Website: [www.carecenter.org](http://www.carecenter.org)**

Do you have transportation?  Yes  No

How did you learn about volunteer opportunities with CareCenter? \_\_\_\_\_

**Type of service that interests you. (Check all that apply.)**

Patient & Family Care Services	<input type="checkbox"/> Patient support ( <i>Companionship/socialization/respice</i> ) <input type="checkbox"/> Sitting with patients at the very end of life <input type="checkbox"/> Inpatient Hospice Unit
Bereavement Support	<input type="checkbox"/> Families with Children <input type="checkbox"/> CampCare
Office Support	<input type="checkbox"/> Front-desk reception (Glenview) <input type="checkbox"/> Office <i>Lifts</i> ( <i>Group projects, such as large mailings, packet assembly</i> ) <input type="checkbox"/> Special department projects
Community Service & Special Events	<input type="checkbox"/> Events <input type="checkbox"/> Health fairs/expos <input type="checkbox"/> Caring Kids in Action ( <i>Intergenerational service program</i> ) <input type="checkbox"/> Memorial service hospitality <input type="checkbox"/> Speakers bureau <input type="checkbox"/> Jewish Care Services
Leadership & Planning	<input type="checkbox"/> Service Board <input type="checkbox"/> Friends of Jewish Care Services <input type="checkbox"/> Board of Directors

Have you experienced any deaths in your family or of those close to you?  Yes  No

Please specify your relationship to the person(s) and when he/she died. \_\_\_\_\_

\_\_\_\_\_

Why would you like to be a hospice volunteer? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To help us find the right assignment for you, please provide any additional information you feel would be useful.

\_\_\_\_\_

\_\_\_\_\_

11/2008

**Central Office & Mailing Address: 2050 Claire Court, Glenview, IL 60025**

**Telephones: (847) 467-7423 • (800) 331-5484**

**Fax: (847) 556-1611 • Website: [www.carecenter.org](http://www.carecenter.org)**