24 Hospital Lane
Calais, Maine 04619
(207) 454-9204
info@downeasthospice.org

11 Hospital Drive
Machias, Maine 04654
(207) 454-9204
director@downeasthospice.org

Hospice Volunteer Training Application

Name: _____ Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Do you have any physical limitations, disabilities, or chronic health conditions that may affect your ability to volunteer with hospice?
☐ Yes ☐ No

If yes, please explain.

In case of emergency, please notify: _____

Relationship: _____ Phone: _____

Have you ever been convicted of a felony?
☐ Yes ☐ No

If yes, please provide a brief explanation.

Are you currently employed or planning to be employed during the volunteer training period?
☐ Yes ☐ No

Volunteer Experience
Please list any previous volunteer experience, including dates, organizations, and the type of work you performed.

Approximately how many hours per week are you available to volunteer?

What days and times are generally most convenient for you?

Client Transportation (not required)

Do you hold a valid Maine driver's license?
☐ Yes ☐ No

Do you have current auto insurance?
☐ Yes ☐ No

Are you willing and able to provide transportation for hospice clients if needed?
☐ Yes ☐ No

About Hospice

How did you learn about Down East Hospice Volunteers?

What has led you to seek hospice volunteer training at this time in your life?

What qualities, skills, or life experiences do you feel you would bring to the hospice volunteer role?

About You

What sources of emotional support do you rely on? (Family, friends, spiritual community, counselor, etc.)

How would you describe the strength of your emotional support system?
☐ Fair ☐ Good ☐ Very Good

How do you typically spend your free time?

What do you consider to be one of your greatest strengths?

What do you consider to be an area of personal growth or challenge for you?

Do you consider yourself a good listener?
☐ Yes ☐ No

Do you feel comfortable communicating with people who may be experiencing strong emotions?
☐ Yes ☐ No

Have you experienced the death of a loved one within the past year?
☐ Yes ☐ No

Have you ever spent time supporting someone who was seriously ill or dying?
☐ Yes ☐ No

If yes, please describe that experience.

How did that experience affect you emotionally?

In your view, what are the most important needs of a person who is nearing the end of life?

Mandatory Training Sessions

Are you willing/able to attend all of the training sessions to become a volunteer? ☐ Yes ☐ No

I am willing to make a commitment to become a volunteer for Down East Hospice Volunteers by attending the mandatory training sessions, being available to serve as a volunteer when possible, and fulfilling the minimum eight hours of continuing education per year requirement while I remain active in the program. I understand that there may be periods of time when I am not called upon to be an active volunteer.

Signature of Applicant Date:

Please mail the completed application to:
Down East Hospice Volunteers, 24 Hospital Lane, Calais ME 04619
(207) 454-9204 or email info@downeasthospice.org.
Thank you for your interest in becoming a hospice volunteer.

FOR OFFICE USE ONLY

Application received: _____ Accepted for training: _____

Pre-training interview date: _____ By: _____
(Executive Director signature)

Date Training completed: _____ By: _____
(Executive Director signature)

Post-training interview date: _____ By: _____
(Executive Director signature)