
24 Hospital Lane
Calais, Maine 04619
207 454-7521 ext.9126



11 Hospital Drive
Machias, Maine 04654
207 255-3356 ext. 2324

DOWN EAST HOSPICE VOLUNTEERS
Application for Volunteer Training

Name: _____ Date: _____

Address: _____

Home Phone: _____ Cell Phone _____

Email: _____

Physical limitations, disabilities, or chronic health problems that might interfere with or limit your ability as a hospice volunteer?

In case of an emergency, notify _____

Relationship: _____ Phone _____

Have you ever been convicted of a felony: YES No

If yes, please explain: _____

Are you presently employed or plan to be: YES NO

Volunteer Experience: Please include dates, organizations, and types of work:

Approximately how many hours will you be available for this program? _____

What days & times would be most convenient for you? _____

Client Transportation: (not a requirement)	YES	NO
1. Do you hold a valid Maine driver's license?		
2. Do you have automobile insurance?		
3. Are you able/willing to provide client transportation?		

About Hospice
1. How did you learn about hospice?
2. Why do you wish to become a Hospice volunteer at this time?
3. What do you feel you would bring to the Hospice Program?

About You
1. What are your sources of emotional support? (e.g., friends, family, counselor, etc.)
2. How would you rate your own emotional support system? (Circle One) <div style="display: flex; justify-content: space-around; width: 100%;"> Good Fair Very good </div>
3. What kinds of things do you do with your time? (e.g., organizations, hobbies, exercise, growth, activities, pleasure)
4. What is your greatest strength?
5. What is your greatest weakness?
6. Are you a good listener? Yes No
7. Are you a good communicator Yes No

8. Have you recently experienced a major change or loss such as death, divorce, job change, health, other? Yes No
9. Have you ever spent time with a very ill or dying person? Yes No
10. If so, please give relationship and approximate dates.
11. How did you feel about this experience?
12. Briefly, what do you believe are the most important things a dying person needs?

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 three-page application to:
 Down East Hospice Volunteers, 24 Hospital Lane, Calais ME 04619
 207-454-7521 x9126 or email downeathospice@yahoo.com.
 Thank you for your interest in becoming a Hospice volunteer.*

FOR OFFICE USE ONLY

Application received: _____ Accepted for training: _____

Pre-training interview date: _____ By: _____
 (Hospice staff signature)

Date Training completed: _____ By: _____
 (Hospice staff signature)

Post-training interview date: _____ By: _____
 (Hospice staff signature)

email: downeathospice@yahoo.com
www.downeathospicevolunteers.org