



Kansas City Hospice  
& Palliative Care

## KANSAS CITY HOSPICE VOLUNTEER APPLICATION

Thank you for your interest in becoming a Kansas City Hospice Volunteer. The following information is meant to give us an understanding of your abilities and interests so that your energies and capabilities can be channeled in the best manner. Once you have completed the application, please mail it to:  
Kansas City Hospice, Volunteer Department, 9221 Ward Parkway, Suite 100, Kansas City, Missouri, 64114.

### GENERAL INFORMATION:

Last Name		First Name	Middle Initial
Address		City	State/Zip
Day Phone		Night or Cell Phone	
Birth Date	Email Address		
Employer			Working Hours
Occupational/Position	Briefly describe job duties		
Experience/Education: List other skills that you have (i.e., schooling, work, lay experience, office skills, crafts, etc.)			
Preferred available times for volunteering: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Weekend			
Emergency Contact (Name/Relationship)			
Day Phone:		Night or cell phone:	
Have you ever been convicted of any crime other than a parking ticket? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide the date, place and type of conviction, and the sentence received. (Conviction will not necessarily disqualify an applicant from volunteering.):			
Have you ever been convicted of a felony or drug-related offense? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No    Do you have current automobile insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have health-related problems or physical limitations? Please specify:			

## AREAS OF VOLUNTEER INTEREST

<input type="checkbox"/> <b>Patient Care (patient's home/long term care facility)</b> <ul style="list-style-type: none"> <li>Respite care in patient's home</li> <li>Companionship visits in long term care facility</li> <li>Help with transportation/errands/housekeeping</li> <li>Presence in patient's final hours</li> </ul> <input type="checkbox"/> <b>Hospice House Volunteer (120<sup>th</sup> &amp; Wornall)</b> <ul style="list-style-type: none"> <li>Deliver meals or feed patients</li> <li>Greet visitors &amp; offer tours</li> <li>Companionship for patient/family</li> <li>Bake goodies/cook meals/arrange flowers</li> </ul> <input type="checkbox"/> <b>Solace House</b> <ul style="list-style-type: none"> <li>Co-facilitate groups for grieving children or adults</li> <li>Groups run for 16 weeks/held during evening hours</li> </ul> <input type="checkbox"/> <b>Licensed Professional (circle your profession)</b> <ul style="list-style-type: none"> <li>Attorney</li> <li>Notary</li> <li>Pet Therapist</li> <li>Beautician/Barber</li> <li>Massage Therapist</li> <li>Other: _____</li> </ul>	<input type="checkbox"/> <b>Administrative/Office Help</b> <ul style="list-style-type: none"> <li>Sort and file documents</li> <li>Data entry and general office duties</li> </ul> <input type="checkbox"/> <b>Grief Support</b> <ul style="list-style-type: none"> <li>Telephone support to bereaved</li> <li>Professionals to co-facilitate groups</li> </ul> <input type="checkbox"/> <b>Top Drawer</b> <ul style="list-style-type: none"> <li>Assist with sorting, preparing and selling merchandise at our upscale resale shop</li> </ul> <input type="checkbox"/> <b>Development</b> <ul style="list-style-type: none"> <li>Solicit in kind and monetary donations</li> <li>Work with committees to plan, coordinate and run fundraising events</li> </ul> <p>For group opportunities or "one stop" volunteer activities, contact the Volunteer Department at 816-363-2600. Application not required.</p>
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## PERSONAL INFORMATION:

What volunteer work have you done in the past?
What service or social clubs do you belong to?
How did you hear about hospice?
Why do you wish to be involved with hospice care?
What do you like about yourself?

## REFERENCES: *Business, Volunteer and/or Professional References:*

1.	Name: _____ Relationship: _____ Address: _____ <small style="margin-left: 150px;">Please include Street, City, State &amp; Zip Code</small> Day Phone: _____	Requested _____
2.	Name: _____ Relationship: _____ Address: _____ <small style="margin-left: 150px;">Please include Street, City, State &amp; Zip Code</small> Day Phone: _____	Requested _____
3.	Name: _____ Relationship: _____ Address: _____ <small style="margin-left: 150px;">Please include Street, City, State &amp; Zip Code</small> Day Phone: _____	Requested _____

8/09

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)