



We can't add days to your life...
But we can add life to your days.

CONFIDENTIAL

PTH VOLUNTEER TRAINING APPLICATION

PLEASE COMPLETE AND RETURN THIS APPLICATION TO PINE TREE HOSPICE.
883 West Main Street, Dover-Foxcroft Maine 04426
Phone: (207) 564-4346 Fax: (207) 564-4400 Email: wecare@pinetreehospice.org
www.pinetreehospice.org www.facebook.com/pinetreehospice

Thank you for your interest in participating in our volunteer training. Upon receipt and review of this application, Pine Tree Hospice staff will contact you to schedule a personal interview with you prior to the training. If you have questions or would like additional information, please contact Pine Tree Hospice.

For which Volunteer Position(s)/Training(s) are you applying?
\_\_\_\_\_ Indirect Care \_\_\_\_\_ Direct Care/Hospice \_\_\_\_\_ Bereavement Facilitator

Name: What do you prefer to be called?
First, Middle, Last \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town and Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Town \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_
Okay to call at work? [ ] yes [ ] no

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

Can you open email attachments? [ ] yes [ ] no PDF \_\_\_ Word \_\_\_

Can you print email attachments? [ ] yes [ ] no PDF \_\_\_ Word \_\_\_

Best way to contact you: [ ] Phone [ ] Email Is there a best time to contact you? \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Education – last year completed: School \_\_\_\_\_ Tech School \_\_\_\_\_ College \_\_\_\_\_ Other \_\_\_\_\_

Military service? no yes Branch \_\_\_\_\_ Combat no yes

Current Employer: \_\_\_\_\_ Position/Hours: \_\_\_\_\_/\_\_\_\_\_

Prior Employment Experience(s) \_\_\_\_\_

Volunteer and/or Facilitator Experience(s) \_\_\_\_\_

How did you hear about Pine Tree Hospice? \_\_\_\_\_

Have you completed any Hospice training programs?  yes  no If yes, please explain. \_\_\_\_\_

Why are you interested in participating in PTH volunteer training at this time? \_\_\_\_\_

Do you have any past history with hospice or bereavement services?  yes  no If yes, please explain. \_\_\_\_\_

PTH Volunteers serve in many ways, what type(s) of service interests you? (please circle)

Hospice Bereavement Office Fundraising Cooking Transportation Other \_\_\_\_\_

Serve on PTH Committee(s): Hospice Bereavement Education Finance Board Development  
Fund Development Public Relations

Have you experienced the death of someone close to you?  yes  no If so, when and what was this experience like for you? \_\_\_\_\_

Do you or does anyone in your family or close circle of friends currently have a serious illness?  yes  no  
If yes, please explain. \_\_\_\_\_

Have you experienced a recent loss or grief other than a death?  yes  no If yes, please explain. \_\_\_\_\_

Do you anticipate any major changes in your life in the coming year?  yes  no If yes, please explain. \_\_\_\_\_

What do you believe to be your most important strengths, and what do you do best? \_\_\_\_\_

By submitting this application, I understand that if I choose to volunteer with Pine Tree Hospice in any capacity, PTH will complete criminal record and driver license checks on me. I also understand should either report disclose any violations, this may restrict the ways I volunteer for PTH.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date