



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

Confidential

Community Hospice Education

Registration & Application for Orientation and Training

PLEASE COMPLETE AND RETURN TO PINE TREE HOSPICE

883 West Main Street – Dover-Foxcroft, ME 04426

Phone: 207-564-4346 Fax: 207-564-4400

wecare@pinetreehospice.org - www.pinetreehospice.org

Thank you for your interest in participating in our Community Hospice Education series. Please complete this application and return it to us. A personal interview will be scheduled with you prior to the training. If you have questions or would like additional information, please contact Pine Tree Hospice.

Name: *First, Middle, Last* _____ What do you prefer to be called? _____

Mailing Address: _____ Town and Zip: _____

Physical Address: _____ Town _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ ok to call? no yes Other Phone: _____

Current Employer: _____ Position/Hours: _____ / _____

Date of Birth: _____ E-Mail Address: _____

Education – last year completed: School _____ Tech School _____ College _____ Other _____

Military service? no yes Branch _____ Combat no yes

Please Answer the Following Questions

How did you hear about Pine Tree Hospice? _____

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

Why are you interested in participating in Community Hospice Education at this time? _____

Do you have any past history with hospice services? no yes If yes, please explain. _____

Are you interested in a volunteer opportunity? no yes not sure _____

PTH Volunteers serve in many ways, what type(s) of service interests you? Hospice Bereavement Office
 Fundraising Cooking Transportation Other _____
 Serve on PTH Committee(s); Hospice Bereavement Education Finance Board Development Fund Development

Please list previous volunteer experience (organization, type of work). _____

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

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

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

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

What do you believe to be the most important needs of a person who is experiencing a life threatening illness? _____

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