



The Hospice of Baton Rouge

Volunteer Coordinator
3600 Florida Boulevard
Baton Rouge, LA 70806
(225)767-4673
(225)769-8113 fax
www.hospicebr.org
volunteercoordinator@hospicebr.org

VOLUNTEER APPLICATION

Name of Applicant _____ Date _____
Please print

Address _____
Street City State Zip Code

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

SS# _____ Date of Birth: _____

Place of Work: _____ Occupation: _____

If attending school, which one? _____

Degree seeking: _____

Person to be notified in case of emergency:

Name _____ Phone _____

Address _____
Street City State Zip Code

Relationship to applicant: _____

How did you hear about the volunteer program at The Hospice of Baton Rouge?

Why do you want to be a The Hospice of Baton Rouge Volunteer?

If your interest in volunteering for The Hospice of Baton Rouge is based on a need for community service/volunteer hours, please explain.

Have you experienced any major losses in your life? If so, please list and include month and year.

**Note: It is recommended that all applicants wait for a period of at least 12 months after experiencing a loss before they can serve as Direct Care Volunteers.*

We Honor Veterans Program: A program of the National Hospice and Palliative Care Organization and Veterans Association designed to empower hospice professionals to meet the unique needs of dying veterans. The program teaches respectful inquiry, compassionate listening and grateful acknowledgement to comfort patients with a history of military service and possible physical or psychological trauma.

Are you a Veteran? (circle one) Yes or No

If so, would you be interested in visiting veteran patients? (circle one) Yes or no

Previous volunteer experience (please include name of organization and responsibilities):

Please list any special training, education, work/life experience that may be valuable for you as a The Hospice of Baton Rouge Volunteer:

Hobbies you enjoy:

Anything else you would like to tell us about yourself:

Two Personal References (excluding family members) are required.

Please provide a complete mailing address, as references are obtained by mail.

Name _____ Phone _____

Address _____
Street City State Zip Code

Relationship to Applicant _____

Name _____ Phone _____

Address _____
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