



GILCHRIST HOSPICE CARE
11311 McCormick Road, Suite 350
Hunt Valley, MD. 21031
443-849-8200 ☐ Fax: 443-849-8359

VOLUNTEER APPLICATION

Part 1	
Date:	Name: Phone:
Street Address:	City: Zip:
Occupation:	[] Full Time [] Part Time
Business Address:	Phone:
Who To Notify in Emergency:	Phone:
Address:	Zip Code:
Education/Special Training:	
Volunteer Experience:	
Community/Church Affiliations:	
List two (2) personal references (not family member)	
Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone Number:	Phone Number:
Relationship:	Relationship:

PART II

Why are you interested in Hospice?

What experiences have you had with grief, loss, death, or terminally-ill people?

How did you cope with your own feelings of grief, loss and death?

What did you learn from this experience?

How do you handle stress? To whom do you turn in times of need?

What strengths and weaknesses do you bring to the Hospice program?

What do you hope to receive or learn from being a Hospice volunteer?