



# SHYN Hospice

Oshyn Hospice  
7461 E. Tanque Verde Road  
Tucson AZ 85715  
520.795.3535  
www.oshynhospice.com

## Volunteer Application

### PERSONAL INFORMATION

PLEASE PRINT OR WRITE LEGIBLY

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street (Apt. #) City State ZIP

Phone: Home: ( ) Work: ( ) Cell: ( )

E-mail address(es): \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home: ( ) Work: ( ) Cell: ( )

Check one: I am 18 years old or older  Yes  No Served in the military:  Yes  No

### VOLUNTEER INTERESTS

Areas of interest: I am interested in providing (check all that apply):

- Direct support to hospice patients & families: companionship, respite, errands, transportation, etc.
- Administrative/program support in the hospice office: filing, copying, computer tasks, special projects, etc.
- Community support and education.
- Other (specify): \_\_\_\_\_

Why are you interested in volunteering with Oshyn Hospice and Palliative Care?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you see your role as a volunteer?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you experienced a personal loss within the last year?  Yes  No

Do you know anyone who has received hospice care?  Yes  No



**Have you ever been fired, discharged, or asked to resign from any position?**       Yes       No

**Have you ever been convicted of a crime?**       Yes       No

(Conviction of a crime will not necessarily be a bar to volunteer service. Factors such as age at the time of the offense, employment history subsequent to the conviction(s), and rehabilitation will be taken into account in determining effect on suitability for volunteering.)

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Please read and initial each of the Oshyn Hospice Volunteer Expectations and Requirements:

\_\_\_\_\_ I can commit to volunteering a minimum of three hours per week while on an active volunteer assignment.

\_\_\_\_\_ I understand that I will need to complete the Oshyn Hospice Volunteer Training program before beginning any volunteer work.

\_\_\_\_\_ I understand I will need to meet the Oshyn Hospice Volunteer Program health requirements within one month of completing the Volunteer Training.

\_\_\_\_\_ I understand that, as part of the process of becoming a volunteer, Oshyn Hospice will need to conduct a drug and background check. I do hereby authorize Oshyn Hospice and its agents to conduct a drug and background check.

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*I certify that the information provided on this application is true and complete to the best of my knowledge.*

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

*Oshyn Hospice does not discriminate with regard to race, color, religion, creed, national origin, age, sex, marital status or the presence of any sensory, mental or physical handicap, or ability to pay.*

Please return this completed application by mail, fax or email to:

Volunteer Coordinator  
Oshyn Hospice  
7461 E. Tanque Verde Road  
Tucson, AZ 85715

FAX: 520.336.9043

EMAIL: Volunteer@oshynhospice.com