



**PATIENT VOLUNTEER TRAINING  
Registration Form – Fall 2017**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

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

*Educational Background*

Highest Level of Education: \_\_\_\_\_

Specialized Training: \_\_\_\_\_

Have you ever done any volunteer work?  Yes  No If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Do you have any physical limitations, disabilities, or chronic health problems that would affect your work as a Hospice volunteer?  Yes  No If yes, please explain:

\_\_\_\_\_

Have you ever had a serious, life threatening illness?  Yes  No If yes, please explain:

\_\_\_\_\_

Have you had a loved one die? If yes, please specify your relationship and when he/she died:

\_\_\_\_\_

Describe how you have coped with the death of a loved one or other significant loss:

\_\_\_\_\_

\_\_\_\_\_

Describe how you deal with stress: \_\_\_\_\_

\_\_\_\_\_

How would you describe your ability to communicate with others? \_\_\_\_\_

Please describe the activities you most enjoy and any special talents you may possess:

What do you wish to gain from Patient Volunteer Training? \_\_\_\_\_

Are you willing to make a commitment to attend 2 in-service trainings per year?  Yes  No

Are you available at least 3-5 hours per week to volunteer?  Yes  No

How did you learn about Hospice Volunteer Training?

- |                                           |                                       |
|-------------------------------------------|---------------------------------------|
| <input type="radio"/> Family/Friend       | <input type="radio"/> Internet        |
| <input type="radio"/> CRH Staff/Volunteer | <input type="radio"/> Newspaper/Radio |
| <input type="radio"/> Flier/Brochure      | <input type="radio"/> Other           |

Please specify: \_\_\_\_\_

**Our class offerings vary, please select the course below you plan to participate in:**

**September 12 and 14, 6-9 p.m.**

*Location: The Compass Regional Hospice Hope & Healing Center,  
255 Comet Drive, Centreville, MD.*

*This session is comprised of 10 hours of online learning, to be completed before the start of class.*

**September 25 and 27, 6-9 p.m.**

*Location: The Compass Regional Hospice Hope & Healing Center,  
255 Comet Drive, Centreville, MD.*

*This session is comprised of 10 hours of online learning, to be completed before the start of class.*

**November 7, 8, and 9, 9:00 a.m. – 3:00 p.m.**

*Location: Caroline Hospice Home, 613 S. Fifth Ave, Denton, MD.*

**ALL VOLUNTEERS WHO WORK WITH PATIENTS AND FAMILIES ARE REQUIRED TO COMPLETE THIS APPLICATION, ATTEND THE ENTIRE 16-HOUR PATIENT VOLUNTEER TRAINING, PASS A CRIMINAL BACKGROUND CHECK AND TAKE A TB TEST.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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**Thank you for completing this form; please return it to: Courtney Williams, Manager of Volunteer and Professional Services, Compass Regional Hospice and The Hope & Healing Center, 255 Comet Drive, Centreville, MD 21617. Registration is required and seating is limited! Call 443-262-4112 with any questions you may have.**