**NODA Volunteer Application Form**

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| **NAME** |  |
| **ADDRESS** |  |
| **HOME PHONE** |  |
| **CELL PHONE** |  |
| **EMAIL** |  |

1. **Why are you interested in volunteering for the No One Dies Alone Program?**
2. **Please describe your previous experiences of sitting with people who are dying.**
3. **Have you had a recent loss, transition, or other change that touches you emotionally? What impact do you imagine sitting with dying people will have on you in light of this loss?**
4. **HMC’s diverse populations include patients with a variety of cultural backgrounds, faith and spiritual beliefs. Please describe your experience in interacting with people with different religious/spiritual beliefs than your own.**
5. **What challenges do you foresee in participating in this experience? Is there anything that would make it difficult for you to participate in the program?**
6. **What questions and/or curiosities do you have about the NODA program?**