



Hospice Volunteer Application

Name: _____ Date: _____
Last First MI

Address: _____
Street Town Zip

Email address: _____

Cell Phone: _____ Home Phone: _____

Emergency Contact Information: _____
Name Telephone

Education/Special Training/Certifications

High School College Graduate School Area of study: _____

Specialized Training: _____

Employment Are you currently employed? Yes ___ No ___

Name of Employer: _____ Position: _____

Work History: _____

Volunteer Experience: _____

Why do you want to be a hospice volunteer? _____

*If you have had a significant loss, we ask you wait at least one year after the death to volunteer in hospice.

Areas of Interest

Check any that apply:

In home or hospital patient visits _____

Respite for caregivers: _____

Driving to appointments _____

Shopping/Errands _____

Complimentary Therapies _____
(Reiki, massage, yoga, music, art)

Pet Therapy _____

Bereavement _____

Non-patient services: _____
(Clerical support, mailings, calls, fundraising)

Note any special talents you can share with a patient: _____

References: Please provide two personal reference who are not family members.

Name: _____ Phone _____

Email _____ Address _____

Name: _____ Phone _____

Email _____ Address _____

Have you been convicted of a felony? Yes No

If yes, please explain _____

I hereby state that all information furnished herein is true and constitutes a full and complete disclosure of information requested. In volunteering my services to Visiting Nurse Home & Hospice, I understand that I am not an employee. As a hospice volunteer, I understand that if I use my personal automobile in my volunteer services, I will arrange to keep in effect automobile liability insurance equal to the minimum limits required by our state. I understand that by submitting this application I authorize inquiries to be made concerning my suitability as a volunteer.

Full Name _____

Date _____

Email completed application to: jbenson@visitingnursehh.org