



Volunteer Application

Name: _____ Phone: (H) _____

Address: _____ (C) _____

_____ (W) _____

Email: _____ DOB: _____

Previous Volunteer Experience: ___ No ___ Yes Where: _____

Dates: _____

Reason for Volunteering with Hospice:

Emergency Contact: _____ Relation: _____

Phone: _____ Alt. Phone: _____

Volunteer Preference:

___ Direct Patient Care/Contact ___ Administrative ___ Special Projects ___ Professional

Type of Profession: _____ Available Services: _____

I am interested in the following areas of volunteering: (check all that apply)

___ Companionship/Visiting

___ Providing Respite for Caregiver (Sitting with Patient)

___ Transportation Assistance

___ Grocery Shopping

___ Light Cooking/Meal Prep

___ Light House Work Duties

___ Reading

___ Crafts

___ Making Cards

___ Letter/Journal Writing

___ Special Projects: (ie. ramp building, light maintenance)

___ Delivering Baked Goods

___ Administrative/Clerical Duties

___ Foreign Language Translator

___ Baking Cookies/Cakes

___ Other: _____

Describe your strengths:

Special skills or talents: _____

Describe your weaknesses:

Do you possess any certifications, licenses, special trainings? If so, explain:

How often will you be available to volunteer? 1 x week 1 x month 2 x month Other: _____

What days and times are best suitable for you to volunteer?

Mondays Tuesdays Wednesdays Thursdays Fridays Saturdays Sundays
 Early Mornings Mid-Mornings Early Afternoons Late Afternoons Evenings

Have you ever been convicted of a felony? No Yes: Explain _____

References:

Name: _____ Phone: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____

Address: _____ Relationship: _____

By signing below I certify that all of the above information is true to the best of my knowledge. My signature also certifies that I give Wren Hospice permission to the following:

- To obtain a SLED check
- To obtain a copy of my driver's license & car insurance
- To obtain a copy of any professional certifications/licensures if applicable
- To contact the above listed references on my behalf
- To obtain a medical release from my physician stating my current health status if needed

Applicant Signature: _____ Date: _____