



Volunteer Application

Contact Information

Name	
Street Name	
City St. Zip Code	
Home Phone	
Work Phone	
E-mail Address	

Please check the areas you are interested in volunteering:

Direct Patient Care hours including any of the following:

in-home/in-person family time; telephone contact; art at the bedside for individual patients; music at the bedside for individual patients; companionship; transportation (e.g. doctor visits, shopping, errands); respite; or 11th hour volunteer

Administrative hours including any of the following:

filing; auditing & copying; data entry of records; or developing & packaging patient information packets

Direct Bereavement Support hours including any of the following:

In-home/in-person family time; telephone contact; or composing or bereavement notes

Please check your availability:

<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Weekend mornings
<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Weekend afternoons
<input type="checkbox"/> Weekday evenings	<input type="checkbox"/> Weekend evenings

Summarize any special skills and qualifications you have:

Please list at least one personal reference:

By submitting this application, I affirm that the facts set forth in it are true and complete.

Volunteer Signature: _____ Date: _____

Thank you for your interest in volunteering and completing this application form.