

MCLEOD HOSPICE VOLUNTEER APPLICATION

NAME _____

ADDRESS _____

PHONE (HOME) _____

(WORK) _____

(CELL) _____

EMAIL _____

EMPLOYER _____

OCCUPATION _____

VOLUNTEER HISTORY _____

SOCIAL SECURITY # _____

BIRTHDATE _____

REFERENCES:

NAME _____

ADDRESS _____

DAYTIME PHONE _____

NAME _____

ADDRESS _____

DAYTIME PHONE _____

AVAILABILITY:

WEEKDAYS: morning afternoon evening

WEEKENDS: morning afternoon evening

What has led you to be interested in volunteer work
with McLeod Hospice? _____

What experience have you had or what skills do you
have that might help you as a hospice volunteer?

INTERESTS IN HOSPICE VOLUNTEERING:

HOSPICE HOUSE:

reception desk nurses' station patient visits

eleventh hour devotions music tea time

arts/crafts pet therapy massage therapy

HOSPICE HOME CARE:

patient visits/phone calls deliveries music

sitting homemaker services hair/nail care

massage therapy transportation carpentry

meal assistance

SPECIAL SERVICES:

fundraising speaker's bureau office/clerical

notary public bereavement calls grief camp

translation: language _____

gardening fishing

ADDITIONAL COMMENTS: _____

SIGNATURE

DATE