

Volunteer Application

Date: Please Print

Name:

Mailing Address:

City:

State:

Zip:

Home Phone:

Work Phone:

Cell Phone:

Email address:

Employer:

Occupation:

Can receive calls at work: ___ Yes ___ No ___ Emergency Only

Education/Special training:

If you would like to offer your professional skills in the hospice setting, (massage therapists, cosmetologists, etc.) please provide a copy of your current licensure.

Veteran: Yes No

Branch:

Availability (check all that apply): Weeknights Weekdays Weekends

Best time and method to contact you:

What type of volunteer activities interest you? Please check all that apply

Hospice Volunteer

- Visit patients and family members.
* 16 hours of training and background check required.

Veteran Volunteer

- Veteran to veteran visits

Knit, Crochet or Quilt

- Knit, crochet or quilt for Hospice patients and pediatric patient.

Town Funding Volunteers

- Gather petition signatures for town funding.
- Represent VNH at your town meeting.

Flu & Wellness Clinic Volunteers

- Greet clinic patients.
- Assist the nurse and patients with paperwork.

Administrative Volunteer

- General clerical help.
- Data entry.

Event Volunteers

- Help to staff VNH events.

Bereavement Group Leaders

- Lead a grief support group.

Other special interests and talents

Do you know a language other than English? Yes No

Language _____ Speak Read Write

Do you know American Sign Language? Yes No

Do you have access to transportation? Yes No

How did you hear about our hospice volunteer program?

Why do you want to be a hospice volunteer?

What qualities (*skills, talents, knowledge, and experiences*) do you feel you can incorporate into your hospice volunteer work? *Example: Do you play an instrument, knit, card playing, etc.*

I understand that any information that is disclosed to me while assisting the hospice is confidential.

I interpret “volunteer” to mean that I have agreed to work without compensation in money. Having been accepted as a volunteer worker, I expect to do my work according to the standards set forth in the Volunteer Policies and Procedures that I have been provided.

Applicant signature: _____ Date: _____

Please return this form to vnh@vnhcare.org, or mail to:

Visiting Nurse and Hospice for VT and NH, Attn: Volunteer Coordinator, 88 Prospect Street, White River Jct, VT 05001

VNH Internal Use Only

Entered by:

Date:

Notes: