



Comfort Hospice Care

Volunteer Application

Contact Information:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

E-Mail Address: _____

Date of Birth: _____

Social Security Number: _____

Occupation: _____

Current Employer: _____

Current Employer Contact Number: _____

Availability:

Weekday Mornings Weekday Afternoons Weekday Evenings

Weekend Mornings Weekend Afternoons Weekend Evenings

Do You Have Access To Transportation:

Yes No



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Interests:

Patient / Family Care

- In Home In Nursing Home Meal Delivery Legacy Reflection
 Pet Peace Of Mind Patient Survey Caller

Complementary Therapies:

- Message Pet Therapy Reiki Aromatherapy
 Music / Art Reflexology

Bereavement:

- Home Visit Office Caller Support Group Facilitator
 Memorial Service Coordinator

Non-Patient Service:

- Clerical Mailings Events Shopping / Errands
 Fundraisings Community Outreach

Languages:

Languages Spoken:

- English Spanish Other(s): _____

Languages Written:

- English Spanish Other(s): _____



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General Questions:

Have you ever provided cares to anyone? If so please explain:

Previous Volunteer Experience:

What Qualities Do You Have That You Feel You Can Incorporate Into Your Hospice Volunteer Work?

Other Special Qualification Or Skills (Hairdresser, Photographer, Therapies, etc.):

Additional Information About Your Self:



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Emergency Contact:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

E-Mail Address: _____

Our Policy:

Our policy of this hospice is to provide equal opportunities without regard to age, race, gender, color, religion, national origin, mental or physical challenges, sexual orientation, marital status, veteran status, or any other legally protected class.

Agreement:

By submitting this application I affirm that the facts set forth are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or misrepresentations made by me on this application may result in my immediate dismissal.

Print Name: _____

Signature: _____

Date: _____