



4102 Old Vestal Road
Vestal, NY 13850
(607) 798-5692
www.LOURDES.com

Thank you for your interest in becoming a hospice volunteer.
The following information will provide us with a clear understanding of your
abilities and interests and will help us to best utilize your skills and interests.

General Information

Name: _____

Address: _____
Street City State Zip Code

Home Phone: (____) _____ Work Phone: (____) _____

Email: _____ Are you over 18 years of age? Yes No

Are you currently enrolled in school? Yes No If Yes: Part-time Full-time

Employer: _____ Position/Hours: _____

Briefly describe the type of work you do: _____

How did you hear about volunteering with hospice?

- Community Presentation Radio Family Friend
Newspaper Church Other: _____

Hours and days that you could be available for volunteering:

Daytime: _____

Evening: _____

Weekends: _____

Personal Information

Describe your motives for becoming a volunteer: _____

Describe your particular interests, skills or knowledge that relate to volunteering: _____

Describe your personal losses within the last year: _____

Describe your views about life and death: _____

Describe your spiritual values: _____

What kinds of volunteer work are you interested in (check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Relieve Primary Caregiver | <input type="checkbox"/> Medication Delivery | <input type="checkbox"/> Companionship |
| <input type="checkbox"/> On-Call | <input type="checkbox"/> Bereavement | <input type="checkbox"/> Hospice Inpatient Unit |
| <input type="checkbox"/> Shopping/Errands | <input type="checkbox"/> Baskets of Love | <input type="checkbox"/> Other/Specialty: _____ |

In case of emergency Hospice should notify:

Name: _____

Address: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Relationship: _____

Please list two personal references:

Name: _____

Address: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Relationship: _____ Years Known: _____

Name: _____

Address: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Relationship: _____ Years Known: _____