
Skills, Abilities, and Special Talents

Please list any special skills and talents (i.e., computer skills, photography, massage or pet therapy, knit/crochet, arts/crafts, foreign language, hairdressing, gardening, calligraphy, etc.) below that might be pertinent to the desired volunteer position.

Volunteer Opportunities: Please Check all Areas of Interest

Patient/Family Contact:		
<input type="checkbox"/> Home Visits	<input type="checkbox"/> Errands	<input type="checkbox"/> Pet Care (Pet Peace of Mind)*
<input type="checkbox"/> Veterans	<input type="checkbox"/> Patient/Family Bereavement*	<input type="checkbox"/> Music Therapy*
<input type="checkbox"/> SECU Hospice Home*	<input type="checkbox"/> Massage Therapy*	<input type="checkbox"/> Life Review
<input type="checkbox"/> Woltz Hospice Home*	<input type="checkbox"/> Kid's Grief Camp*	<input type="checkbox"/> Other
* = requires additional training and/or certification		
Office/Administrative Duties:		
<input type="checkbox"/> Telephone Skills	<input type="checkbox"/> Filing	<input type="checkbox"/> Other
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Mailings	
<input type="checkbox"/> Copying/Assembling	<input type="checkbox"/> Update Database/Reports	
Arts/Crafts, Fundraising or Special Events:		
<input type="checkbox"/> Prayer Shawl Ministry Group	<input type="checkbox"/> Special Events	<input type="checkbox"/> Other
<input type="checkbox"/> Craft Group	<input type="checkbox"/> Fundraising	
<input type="checkbox"/> Greeting Card Group	<input type="checkbox"/> Public Speaking	

Please estimate how much time you are available to volunteer per week: _____

Please check the times you would be available to volunteer:

- Daytime Evenings Weekends Anytime Other

References: Please list 3 References

Name:	Address:	Occupation:	Telephone Number:

Why do you want to become a Hospice Volunteer?

I signify that the all information listed in this application is true and correct to the best of my knowledge:

Applicant's Name: _____ Date: _____

For Office Use Only	
Interview Conducted: <input type="checkbox"/> Face to Face <input type="checkbox"/> Telephone	
Date: _____ Time: _____ Signature: _____	
Reference Checks (Please date and initial):	
Reference #1: Date: _____ Initials: _____	
Reference #2: Date: _____ Initials: _____	
Reference #3: Date: _____ Initials: _____	
Comments: 	